

WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Principal School Medical Officer

Being the statutory report required to be made by the Principal School Medical Officer under
the School Health Service and Handicapped Pupils Regulations, 1953

FOR THE YEAR

1956

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Foreword

During 1956 the school health service continued to provide for Wiltshire children individual health assessment, and treatment, closely linked to their educational situation, to the health services provided by general practitioners and specialists and to the domiciliary services of the local health authority.

It is unfortunate that it is not yet possible more adequately to help educationally sub-normal children needing special schools; this is the most serious gap in the provision made by the County Council for handicapped pupils.

The Principal School Dental Officer refers in his report to the appointment of an orthodontist and there is no doubt of the success of this new development, in which Wiltshire is among the first of the rural counties, though the shortage of dental officers remains.

The school health service has come a long way in caring for the health of children as individuals since 1908 when the Wiltshire County Council first approved a scheme for medical inspection under the Education (Administrative Provisions) Act of 1907. It has certainly outstripped the progress made with the environmental hygiene conditions in schools and especially in rural primary schools, a problem which in 1908 was already recognised to be of long standing. In reporting in detail in the following pages both on general sanitary conditions and on food hygiene, I hope it will not be thought that I am merely offering criticism or that I am suggesting that because a school fails to comply in some minor respect with the detailed regulations it is grossly unhealthy. Conditions in many schools are bad and the regulations do provide useful standards for improvement. The problem of old and insanitary schools is certainly not confined to Wiltshire and its solution has been hindered by very real difficulties in spite of which some work has been done each year. Concentration upon the provision of secondary schools has itself retarded the improvement of the old primary schools. However, unless a special and well planned attack is made upon the problem of hygiene in old schools it is likely to persist for many more years.

The increased incidence of sonne dysentery in schools during 1956, with several troublesome outbreaks, emphasized the need to carry out the Food Hygiene Regulations and also the added difficulty in dealing with infectious diseases in schools which lack a reasonable standard of ordinary sanitation.

Health education in schools is a related subject but it is not only by the example of good hygiene that schools should contribute to health education; health teaching should permeate the ordinary curriculum and it appears that there is room for more talks on health subjects, for instance by the medical officers and school nurses. Arrangements are being made to start these. Very important now is the possibility of dissuading young people from starting to smoke. Apart from the clear association between cigarette smoking and lung cancer which is the subject of the Minister of Health's advice to the public and to local authorities, smoking is an unhealthy habit which is seen to have little or nothing in its favour when looked at objectively. Whatever influence can be brought to bear on school children to discourage smoking will be helpful, and the subject is well worth studying, especially as there is evidence that some children start smoking at an age when they are not yet receptive of reasoned argument, perhaps in imitation of their parents or older brothers and sisters.

I have great pleasure in acknowledging the kindly assistance always given so readily to the school health service by Mr. K. S. Innes, who retired as Director of Education at the end of the year. The members of the Education Department and the teachers were as usual very helpful. I wish to thank the staff of the School Health Service for their hard and efficient work during 1956.

C. D. L. LYCETT,
Principal School Medical Officer.

County Hall,
Trowbridge.
June, 1957.

Staff

Principal School Medical Officer and County Medical Officer of Health:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health:—

J. H. Whittles, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H. (Resigned 29/2/56).

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H. (Commenced 23/4/56).

Principal Borough School Medical Officer, Medical Officer of Health and Area Medical Officer for Swindon:—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers:—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health Devizes Urban and Rural Districts.) (Commenced 1/2/56.)

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District.)

R. MacKay, M.D., Ch.B., D.P.H. (Also Medical Officer of Health Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District, Amesbury Rural District.)

R. S. McElroy, M.B., B.Ch., B.A.O., D.P.H., D.T.M. (Also Medical Officer of Health Highworth Rural District, Cricklade and Wootton Bassett Rural District.) (Resigned 30/4/56.)

J. B. Kershaw, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Commenced 11/9/56.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Trowbridge Urban District, Bradford-on-Avon Urban District.)

R. Bruce Killoh, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Melksham Urban District, Bradford-on-Avon and Melksham Rural District.)

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District.)

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health Salisbury City.)

F. J. G. Lishman, M.D., B.S., D.P.H. (Also Medical Officer of Health Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District.)

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

Assistance in respect of school medical inspection has been given by Drs. Norah D. Pinkerton, Olga Nietupska, Margaret Eames, and Sheila Godfrey.

Psychiatrist (Part-Time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Principal School Dental Officer:—

W. H. Liebow, L.D.S.

Orthodontist :—

Dorothy M. Y. Campbell, L.D.S., D.D.O.

School Dental Officers:—

S. H. Brenan, L.D.S.
 F. H. R. Davey, O.B.E., L.D.S. (Commenced 1/2/56.)
 H. H. Greenhalgh, L.D.S.
 E. C. Humphreys, L.D.S.
 F. Lake, L.D.S.
 R. S. McMinn, L.D.S.
 E. H. Randerson, L.D.S.
 J. S. Maclachlan, L.D.S.
 A. T. Craig, L.D.S.

Lay Administrative Assistant:—

C. A. Horton.

Remedial Instructresses:—

Mrs. C. Hett
 Miss D. M. Jones.
 Mrs. E. M. Blakeney (Part-time).
 Mrs. N. M. Sharman (Part-time).

Speech Therapists:—

Miss R. Ford.
 Miss A. Montgomery.

Social Workers:—

Mrs. V. Cole.
 Mrs. N. A. Varga.

School Nursing Staff:—

There are three whole-time school nurses and 17 health visitor/school nurses; 46 district nurses also devote part of their time to the work of the school health service. In the aggregate this is equivalent to the services of approximately 11 whole-time nurses.

Eleven medical officers are engaged in the clinical work of the school health service outside the Borough of Swindon, of whom nine are also district medical officers of health. In the aggregate the services which these eleven medical officers gave to the school health service was equivalent to that of only 3.4 medical officers. This amount of time was insufficient and it was necessary to engage some part-time assistance. Provision has been made in the Health and Education Committee estimates for 1957-58 for the appointment of two additional medical officers, which will have the effect of increasing the strength for the school health service to the equivalent of slightly over four whole-time medical officers, apart from headquarters medical staff.

The establishment of dental officers remained at one Principal School Dental Officer and ten school dental officers. The vacancy which had existed in Chippenham since the end of January, 1955, was filled by the appointment of Colonel F. H. R. Davey in February, 1956, but one of the posts at Salisbury was still vacant at the end of the year.

There was no change in the clerical staff establishment.

School Population

The numbers on the rolls of maintained schools outside the Borough of Swindon for each of the years from 1947 onwards are given below:—

Year	1947	...	...	...	...	32,584
	1948	...	...	...	...	35,062
	1949	...	...	...	...	36,119
	1950	...	...	...	...	37,098
	1951	...	...	...	...	38,098
	1952	...	...	...	...	40,500
	1953	...	...	...	...	41,939
	1954	...	...	...	...	43,031
	1955	...	...	...	...	44,282
	1956	...	...	...	...	45,655

At the end of 1956 there were 1,373 more children attending maintained schools than a year previously. The details were as follows:—

						<i>Number of Schools.</i>	<i>Number on Roll.</i>
Primary (including All-age Schools) ...	...	...	...	...	...	299	32,014
Secondary Modern ...	...	...	...	...	...	25	9,359
Technical ...	...	...	...	...	...	2	289
Grammar ...	...	...	...	...	...	10	3,886
Special School for E.S.N. Boys ...	...	...	...	...	...	1	60
Hospital Special School ...	...	...	...	...	...	1	47
						<hr/> 338 <hr/>	<hr/> 45,655 <hr/>

Excepted District of Swindon (in addition):

Primary ...	...	...	...	...	...	27	8,747
Secondary Modern ...	...	...	...	...	...	7	3,281
Technical ...	...	...	...	...	...	None	—
Grammar ...	...	...	...	...	...	2	1,462
Special Day School for E.S.N. pupils ...	...	...	...	...	...	1	85
						<hr/> 37 <hr/>	<hr/> 13,575 <hr/>

Medical Inspection and Treatment

The practice which has been followed for many years of examining children at the ages of 5, 10 and 14 years, with annual follow-up by the medical officers of children noted for further observation, was continued during 1956 throughout the greater part of the County.

The School Health Service and Handicapped Pupils Regulations, 1953, however, allow education authorities to vary the ages at which children are examined and to introduce additional age groups, or with the consent of the Minister to provide fewer than three periodic medical examinations during a child's school life. The Education Committee decided that alternative arrangements for medical examination should be tried in two representative areas of the County, each with a school population of some 4,500 children.

The first of these methods provides for an additional examination at the age of 8 so that children are examined at the ages of 5, 8, 11 and 14, and was introduced in the Stratton St. Margaret, Wroughton and Marlborough area in February.

The second method will provide for the periodic examination of children at the ages of 5 and 14, with frequent observation in between by the medical officer and nurse of any children suspected of not being in good health, including any referred by the family doctor, head teacher or by the parents themselves. In this way it is hoped to secure more immediate detection and more effective observation of children with minor deviations from normal health. This proposal was approved by the Ministry in the Autumn, but it was impracticable to bring it into operation before 1957. By comparing over a period of years the results of these two systems, as opposed to those of the old method which provides for three general medical examinations, it is hoped to decide which of the three methods is the most effective.

It was becoming clear at the end of 1955 that the medical staff available for the duties of the school health service was insufficient and the medical examination of 2,093 children at 41 schools had to be deferred until 1956. The time spent on school duties could not be increased because of the need to provide B.C.G. vaccination against tuberculosis, which commenced in the southern part of the County in September, 1955. The introduction of poliomyelitis vaccination during 1956 made further demands upon the time of the County medical staff, and at the end of the year 1,884 children at 48 schools had not been examined. In an endeavour to avoid further arrears, four general medical practitioners were employed as sessional school medical officers for short periods during 1956, and 2,492 more children were examined in the periodic age groups during 1956 than in the previous year, although there were some 2,000 fewer reinspections. It is hoped that the appointment of two additional assistant county medical officers, of whose services the equivalent of three-quarters of one doctor will be made available for the school health service, will enable the routine inspections to be kept up to date and will also give more flexibility to the service and permit of greater attention to the assessment of handicapped pupils.

The following table gives details of the numbers of children examined in the various age groups, including those at the 41 schools where the inspections had to be carried forward from 1955 to 1956, and the attendance of parents. The figures for 1955 are given in brackets. The total number of children due to be examined, according to the prior returns received from the head teachers at the schools which the medical officers visited, was 14,134. The number examined was 1,218 less than this total or 91.3 per cent. The percentage of attendance at medical inspection

was thus practically the same as the average school attendance throughout the year, which was 91.2 per cent.

<i>Group.</i>	<i>No. of Children</i>		<i>Parents present.</i>	
	<i>Examined.</i>		<i>Number.</i>	<i>Percentage.</i>
Entrants	4,730	(4,037)	4,101 (3,706)	86.7 (91.8)
Second age group (Pupils in their last year at a primary school)	4,064	(3,417)	3,150 (2,722)	77.5 (79.7)
Third age group (Pupils in their last year at a secondary modern or grammar school)	3,083	(2,154)	789 (560)	25.6 (25.9)
Other periodic inspections (Pupils admitted to grammar schools from private schools and those from maintained schools who missed examination in the second age group, plus children examined at the age of 8 in one pilot area)	858	(501)	445 (270)	51.9 (53.9)
	<hr/> 12,735 (10,109) <hr/>		<hr/> 8,499 (7,258) <hr/>	<hr/> 66.7 (71.8) <hr/>
Special Inspections	181	(375)		

Parents are, of course, always invited to attend when children are fully medically examined, but it has not been considered practicable to invite them to be present at re-inspections because of the additional time which the medical officers would need to give to these visits. Ideally, of course, parents should be given the opportunity to attend at all medical inspections, but it was estimated that their attendance at re-inspections, assuming they attended in the same numbers as at periodic examinations, would reduce the rate of re-inspections by about half and would need more than two-thirds of the services of an additional medical officer. There was also some doubt whether at secondary modern schools, where children are brought in by bus from outlying villages, the parents would be prepared to make the journey to the school merely for a re-inspection. It was, however, decided by the Education Committee that the experiment of inviting parents to attend at re-inspections should be tried in one part of the County, and the Devizes and Westbury secondary modern school areas were selected for this purpose, comprising some 4,500 children in 37 schools. The arrangements commenced in February and experience has shown that not more than 20 children instead of the usual 35 can be seen in a session. It is evident, however, that it has been welcomed by the parents, and in the 29 schools which had been visited by the medical officers by the end of the year the average attendance of parents was 79.4 per cent.

FINDINGS AT MEDICAL INSPECTION

The numbers of individual children found to need treatment in the periodic age groups are set out in the table below, with comparative figures for 1955 in brackets. The total of 3,528 is 27.7 per cent of the children examined and compares with 28.1 per cent in 1955. Of this total, 906 or 25.6 per cent needed treatment for defective vision. This is equivalent to 7.1 per cent of the total number of children examined in the periodic age groups.

<i>Age Groups Inspected.</i> (1)	<i>For defective vision</i> <i>(excluding squint)</i> (2)	<i>For any of the other</i> <i>conditions recorded</i> (3)	<i>Total individual</i> <i>Pupils.</i> (4)
Entrants	135 (114)	1,286 (1,173)	1,285 (1,175)
Second Age Group	367 (225)	1,004 (843)	1,197 (952)
Third Age Group	344 (216)	608 (440)	850 (569)
TOTAL	846 (555)	2,898 (2,456)	3,332 (2,696)
Additional Periodic Inspections	60 (66)	185 (96)	196 (144)
GRAND TOTAL	906 (621)	3,083 (2,552)	3,528 (2,840)

The following figures show the percentage of children examined during the previous five years in the periodic age groups who were found to need treatment.

	1952	1953	1954	1955	1956
Entrants	24.6 (23.0)	25.8 (23.8)	24.9 (23.1)	29.1 (29.0)	27.2 (27.1)
2nd age group	30.9 (26.3)	28.8 (21.7)	25.2 (18.2)	27.9 (24.7)	29.5 (24.7)
3rd age group	21.9 (14.1)	21.5 (13.3)	19.9 (10.5)	26.4 (20.4)	27.6 (19.7)
Other periodic inspections	33.1 (23.6)	27.2 (20.5)	21.4 (14.4)	28.7 (19.2)	22.8 (21.6)
All inspections	24.5 (23.7)	25.7 (21.0)	23.8 (20.9)	28.1 (25.2)	27.7 (24.16)

The first column for each year refers to children who needed treatment for any condition, including defective vision. The figures in brackets exclude defective vision.

The tables on pages 10 and 11 show the number and types of defect noted by the medical officers during the course of periodic examination and the numbers referred for treatment in each category.

The classification of the physical condition of pupils examined in the age groups was as follows:—

Age Groups Inspected.	Number of Pupils Inspected.	Satisfactory.		Unsatisfactory.	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	4,730	4,482	94.76	248	5.24
2nd Age Group (10 plus)	4,064	3,835	94.37	229	5.63
Third Age Group	3,083	2,879	93.39	204	6.61
Additional Periodic Inspections	858	767	89.40	91	10.60
TOTAL	12,735	11,963	93.94	772	6.06

From 1947 until 1955 physical condition had been recorded under three headings—"good," "fair" and "poor." From the beginning of 1956, however, the Ministry of Education required the information to be given under two headings only—"satisfactory" and "unsatisfactory." Generally speaking, the category "satisfactory" includes children who would previously have been recorded under "good" or "fair," and the new heading "unsatisfactory" relates to children previously described as "poor." With this change, direct comparison with previous years' statistics is not practicable. Some of the children who might previously have been assessed as rather better than "poor" and; therefore recorded under the heading "fair," may under the new arrangements have been recorded as "unsatisfactory." The fact that 6.0 per cent of the children examined during 1956 have been recorded as "unsatisfactory" compared with 2.13 per cent "poor" in 1955 should not, therefore, be taken as a clear indication that the general health of the children as a whole has not been maintained. The proportion of children found during 1956 to require treatment other than for defective vision alone was no more than in 1955.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

A—Periodic Inspections

Defect or Disease.	Entrants		Leavers		Intermediates and additional periodic inspections		TOTAL	
	Requiring Treatment.	Requiring Observation, but not Treatment.	Requiring Treatment.	Requiring Observation, but not Treatment.	Requiring Treatment.	Requiring Observation, but not Treatment.	Requiring Treatment.	Requiring Observation, but not Treatment.
Skin	118	74	77	38	105	60	300	172
Eyes—								
(a) Vision	135	175	344	111	427	117	906	403
(b) Squint	91	29	14	7	61	41	166	77
(c) Other	36	22	16	12	38	23	90	57
Ears—								
(a) Hearing	35	57	26	32	37	52	98	141
(b) Otitis Media	26	65	12	8	27	27	65	100
(c) Other	25	15	9	3	28	23	62	41
Nose and Throat	188	537	32	33	87	246	307	816
Speech	46	83	5	5	31	47	82	135
Lymphatic Glands	13	159	3	20	16	190	32	369
Heart	18	63	17	32	13	48	48	143
Lungs	48	88	6	25	23	60	77	163
Developmental—								
(a) Hernia	24	27	2	2	6	30	32	59
(b) Other	13	136	10	20	25	105	48	261
Orthopaedic—								
(a) Posture	106	71	74	42	140	54	320	167
(b) Feet	196	87	65	28	165	71	426	186
(c) Other	195	143	54	22	169	181	418	346
Nervous system—								
(a) Epilepsy	11	6	5	2	10	6	26	14
(b) Other	3	11	6	1	3	9	12	21
Psychological—								
(a) Development	19	38	11	27	95	72	125	137
(b) Stability	20	39	4	8	15	83	39	130
Abdomen	10	12	4	3	1	3	15	18
Other	86	72	31	26	64	51	181	149

[illegible]

CLEANLINESS

The school nurses inspect the children in the primary and secondary schools once a term, and during the year 121,488 inspections were made, 7,000 fewer than in the previous year. This was mainly because one of the three whole-time school nurses, whose area has a school population of some 5,400 children, was off-duty for a period of six months because of illness. In view of the shortage of health visitors it was impracticable to arrange for a regular deputy for her, and school inspections could only be arranged when head teachers sought advice. The standard of head cleanliness was, however, well maintained, as is shown by the following figures. The percentage for 1956 has been adjusted to allow for the falling-off in the number of inspections.

	1950	1951	1952	1953	1954	1955	1956
Children found to be infested	1,137	944	805	822	831	366	252
Percentage of school population	3.1	2.2	1.9	1.9	1.9	0.8	0.7
Cleansing notices issued ...	142	217	172	193	146	91	51

The graph on page 13 shows the findings at head inspections during the last seven years.

SKIN CONDITIONS AND OTHER MINOR AILMENTS

It will be noted from the following figures that fewer children were referred for treatment of skin conditions than during any year since 1951. Two hundred and fifteen of the 280 children were treated either in the minor ailment clinics or by the school nurses, and 65 by family doctors.

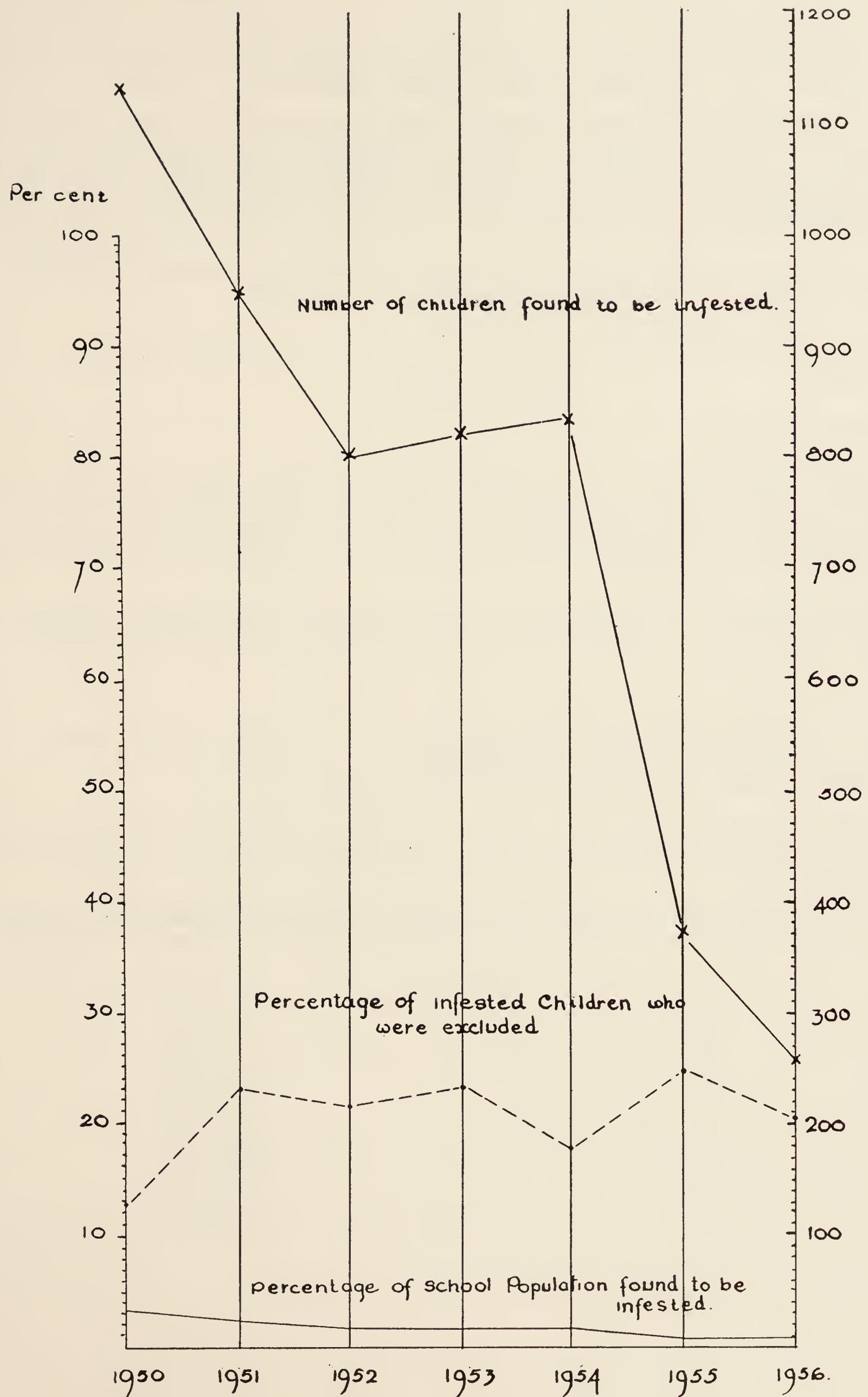
	1951	1952	1953	1954	1955	1956
Scabies	17	7	6	21	13	4
Impetigo	73	97	118	178	129	77
Ringworm: body	41	29	22	32	22	29
scalp	19	4	5	2	4	4
Other skin conditions ...	127	208	196	305	230	166
	<u>277</u>	<u>345</u>	<u>347</u>	<u>538</u>	<u>398</u>	<u>280</u>

Under the heading "Other skin conditions" are included spots, skin irritation and rashes, warts, etc.

In addition to the above conditions, 30 children with blepharitis and three with styes were referred for treatment.

Forty-four children were also reported to have infective conjunctivitis. Thirty of these children attended one school with some 230 children on roll, and the infection, which was mild, occurred during May and June. Paper towels were introduced to replace the roller towels. By the end of the term the outbreak was at an end. Four children at a neighbouring school also had conjunctivitis, but the other cases were sporadic.

INFESTATION WITH HEAD LICE.



Other Examinations

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

By-laws made under Part II of the Children and Young Persons Act, 1933, permit of children over the age of 13 being employed in specified occupations before and after school hours for limited periods, provided a certificate is given by the school medical officer that such employment will not be prejudicial to their health or physical development or render them unfit to obtain proper benefit from schooling.

Three hundred and ninety eight such certificates were given, compared with 281 in 1955. Most of the children were employed in the delivery of newspapers.

Only 5 children were unfit for employment.

CHILDREN IN CARE

Although the functions under the Children Act are not the responsibility of the Education Authority, the quarterly visits to the children's homes which the regulations require are undertaken by the school medical officers as the majority of the children in the homes are of school age. As they also see the children at school inspections continuity both of supervision and of records can thus be maintained.

The medical officers also undertake the annual examination of boarded-out children of school age at their yearly visits to the schools, and during 1956 examined 103 such children.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE ~~MEDICAL~~ PROFESSION

One hundred and seven entrants to teachers' training colleges were examined and 30 direct entrants to teaching. The latter group also had chest X-rays. In 1955 the numbers were 102 and 23 respectively.

Those entering teaching posts direct from training colleges are examined by the college medical officers and have chest X-rays on completion of their courses of training.

Special Forms of Diagnosis and Treatment

A list of the centres at which treatment or examination is provided directly by the Education Authority and of those at which consultants attend under arrangements with the regional hospital boards is given as Appendix I to this report.

Brief details of the treatment given under these arrangements are as follows:—

EAR, NOSE AND THROAT CLINICS

The previous arrangements for examination and treatment of children through ear, nose and throat clinics continued unchanged during 1956 and the tables below show the work done and the waiting lists at the end of the year.

CLINIC.	ATTEN- DANCES.	CHILDREN EXAMINED	OPERATIONS PERFORMED.						OTHERWISE TREATED	
			Nose and Throat.			Ear.		Nose and Throat.		Ear.
			T. and A.	Other (without T. and A.)	Other (in addn. to T. & A.)	Mastoid	Other.			
Bath	3	3 (5)	— (3)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	
Chippenham ...	35	27 (74)	7 (18)	1 (3)	1 (3)	— (—)	— (—)	— (8)	— (—)	
Corsham	175	91 (102)	28 (36)	3 (—)	1 (6)	1 (—)	— (—)	5 (13)	3 (—)	
Devizes	32	23 (61)	8 (15)	1 (5)	2 (5)	— (—)	— (2)	— (—)	— (1)	
Malmesbury ...	27	18 (14)	9 (7)	— (—)	— (1)	— (—)	— (—)	1 (—)	— (—)	
Melksham	9	9 (29)	2 (9)	— (—)	2 (1)	— (—)	— (—)	1 (2)	1 (—)	
Salisbury	843	382 (399)	452 (506)	34 (31)	8 (21)	2 (3)	2 (5)	31 (71)	31 (2)	
Savernake	18	14 (12)	4 (5)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	
Shaftesbury ...	4	4 (11)	2 (4)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	
Swindon	67	42 (64)	13 (38)	2 (1)	— (4)	— (1)	— (—)	— (7)	1 (—)	
Trowbridge ...	393	208 (325)	82 (148)	8 (17)	35 (96)	1 (2)	4 (40)*	8 (22)	3 (1)	
Warminster ...	13	9 (18)	9 (5)	— (—)	3 (—)	— (—)	— (—)	— (2)	1 (1)	
Westbury	44	40 (34)	32 (13)	1 (—)	2 (2)	— (—)	2 (—)	— (1)	— (—)	
TOTALS	1,663	870 (1148)	648 (807)	49 (57)	54 (140)	4 (6)	8 (47)*	46 (126)	40 (7)	

*(37) of these had T. and A. operations at the same time.

E.N.T. CLINIC WAITING LIST AS AT 31ST DECEMBER, 1956:—

Chippenham	4 (3)
Corsham	5 (0)
Devizes	0 (0)
Malmesbury	2 (6)
Melksham	9 (1)
Salisbury	16 (7)
Savernake	3 (3)
Shaftesbury	1 (0)
Swindon	0 (0)
Trowbridge	2 (1)
	<hr/>
	42 (21)
	<hr/>

E.N.T. OPERATION WAITING LIST AS AT 31ST DECEMBER, 1956:—

Bath R.U.H. (and St. Martin's Hospital)	10	(3)
Bath Ear, Nose and Throat Hospital	41	(15)
Bristol Children's Hospital	5	(0)
Chippenham Hospital	16	(8)
Cirencester Hospital	1	(0)
Devizes Hospital	8	(16)
Melksham Hospital	3	(3)
Salisbury (Odstock) Hospital	24	(22)
Savernake Hospital	1	(1)
Shaftesbury Hospital	1	(3)
Swindon Victoria Hospital	2	(1)
Trowbridge Hospital	0	(0)
Warminster Hospital	0	(1)
Westbury Hospital	6	(5)
	<hr/> 118	<hr/> (78)

The figures in brackets show the numbers on these waiting lists on 31st December, 1955.

The following table shows the number and percentage of children examined in the various age groups who had had tonsillectomy.

Age Group.	Children Examined.			Number who had had Tonsillectomy.			Percentage of those examined who had had Tonsillectomy.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Entrants	2,409	2,321	4,730	185	124	309	7.7	5.4	6.5
Second Age Group (10 plus) ..	2,077	1,987	4,064	438	392	830	21.1	19.7	20.4
Third Age Group (14 plus) ..	1,725	1,358	3,083	311	308	619	18.0	22.7	20.1
Additional Periodic Inspections	548	310	858	83	36	119	15.1	11.6	13.9
	<hr/> 6,759	<hr/> 5,976	<hr/> 12,735	<hr/> 1,017	<hr/> 860	<hr/> 1,877	<hr/> 15.1	<hr/> 14.4	<hr/> 14.7

At the end of 1956 there were 15 children attending maintained schools in the County who had hearing aids, nine of them having been provided with their aids during 1956 and the others previously.

When information is received that a school child has a hearing aid the child's head teacher is informed and asked to give a report after a time on the progress the child is making with its help.

Children sometimes experience difficulty in adjusting themselves to the use of hearing aids. Apart from the need to ensure that the ear piece fits and is comfortable and the child understands how to operate the aid, he often has to be encouraged to overcome self-consciousness and the fear of teasing by other children. The child also finds that other sounds besides those he wishes to listen to are magnified by the hearing aid and he has to learn to select only those he wishes to hear in the same way as a person with normal hearing. These problems call for understanding on the part of parents and teachers, and although every attempt is made to overcome these difficulties by enlisting the aid of the teacher, school nurse and sometimes the ear, nose and throat specialist and educational psychologist, there is a need for a qualified hearing therapist on the County staff who could visit the homes and schools to give expert advice and see that the hearing aids are efficient. Help is also required by children whose hearing is impaired but who do not need a hearing aid and by those who are awaiting places in special schools for the deaf or partially deaf.

HEART CLINICS

There was no change in the arrangements for heart clinics during 1956. They are held at the County Council clinics at Trowbridge and Corsham, but at Salisbury, Swindon and Savernake children attend at hospital out-patients departments.

The following table shows the number of children who attended at the various centres, and the total attendances, with figures for 1955 in brackets.

	<i>Salisbury.</i>	<i>Trowbridge.</i>	<i>Corsham.</i>	<i>Swindon.</i>	<i>Savernake.</i>	<i>Total.</i>
New patients	9 (23)	10 (22)	5 (4)	1 (8)	0 (1)	25 (58)
Old patients	39 (24)	39 (41)	25 (26)	1 (0)	1 (0)	105 (91)
Total attendance	64 (65)	56 (67)	36 (32)	2 (8)	1 (1)	159 (173)

ORTHOPAEDIC TREATMENT

It will be noted from the tables on pages 10 and 11 that 1,209 children were referred by the school medical officers for orthopaedic treatment. This total is 9.4 per cent of those examined, compared with 12.4 per cent in 1955 and 10.4 per cent in 1954.

The conditions for which treatment was advised were recorded under the following headings:

				<i>No. of children.</i>			<i>Percentage of children examined.</i>		
				1956	1955	1954	1956	1955	1954
Defects of posture	...	...	...	331	383	391	2.6	3.7	3.3
Foot conditions	...	...	...	444	283	349	3.4	2.7	2.9
Other conditions	...	...	...	434	616	495	3.4	5.9	4.2

The number of children referred for treatment in each of the age groups was as follows:—

				<i>Entrants.</i>	<i>Intermediates (including other periodic inspections).</i>	<i>Leavers.</i>	<i>Special cases.</i>
Posture	...	...	...	106	140	74	11
Foot conditions	...	...	...	196	165	65	18
Other conditions	...	...	...	195	169	54	16
				<hr/> 497	<hr/> 474	<hr/> 193	<hr/> 45
Percentage of children examined who were referred for treatment				10.5	9.8	6.3	24.9

Children with the more severe conditions are referred to the orthopaedic clinics for advice, but many of the children who have defective posture or flat foot are referred by the medical officers to the remedial exercise instructresses on the County staff for treatment. Brief details of the work carried out in this way are as follows:—

(a) Orthopaedic Clinics and Hospital Treatment

The number of children who attended at the clinics for the first time during 1956 and of those who were referred in previous years and remained under observation was as follows:—

<i>Clinic.</i>	<i>Children attending for first time during 1956.</i>	<i>Children referred in previous years and remaining under observation.</i>	<i>Total.</i>
Calne	36	71	107
Chippenham	28	88	116
Corsham	25	50	75
Devizes	26	87	113
Malmesbury	33	76	109
Salisbury	96	144	240
Savernake	4	—	4
Swindon	21	37	58
Trowbridge	68	185	253
Warminster	51	93	144

The total number of attendances was 3,397.

One-hundred-and-sixty-eight children received in-patient treatment at the Bath and Wessex Orthopaedic Hospital and 31 at the Lord Mayor Treloar Orthopaedic Hospital, Alton.

(b) Remedial Exercise Classes

The remedial exercise classes are undertaken by two whole-time remedial instructresses—Mrs. Hett and Miss Jones—with part-time assistance from Mrs. Blakeney at Trowbridge, Calne and Chippenham, and from Mrs. Sharman at Wilton.

The number of schools visited and children treated during the year are shown in the following table:—

	Total.	Mrs. Hett.	Miss Jones.	Mrs. Blakeney.	Mrs. Sharman.	P.E. Teachers.
(a) Number of schools visited including those where P.E. teachers conducted the classes	235	82	124	17	2	10
(b) Number of children treated	2,420	902	853	348	86	231
(c) Number of children discharged during the year (included under (b)) ...	566	277	215	60	14	—

The report of the remedial instructresses is as follows:—

Instruction and supervision in remedial exercises for postural defects, asthma, E.N.T. affections and thoracic development have been given to most of the children referred by the school doctor, family doctor, orthopaedic surgeon, heart and E.N.T. specialists. Much work has been conducted in centres and more in school premises. The commencement of remedial exercises during primary school life paves the way for the continuation of successful treatment in the secondary schools. Sessions are held with a frequency closely related to density of numbers and geographical relationship. The remote country schools with poor accommodation are least often served. Results on the whole are very satisfactory and the co-operation of teachers and parents good.

The defects treated were mainly as follows:—

	<i>Mrs. Hett.</i>	<i>Miss Jones.</i>	<i>Mrs. Blakeney.</i>	<i>Mrs. Sharman.</i>	<i>Total.</i>
Valgus ankles ...	354	359	188	20	921
Knock knees ...	109	185	58	17	369
Club and varus feet ...	7	3	2	—	12
Curling and overlapping toes	32	34	26	2	94
Early hallux valgus ...	12	11	9	1	33
Faulty posture ...	469	358	150	37	1,014
(i.e. juvenile kyphosis, scoliosis and lordosis)					
Faulty thorax ...	175	118	21	10	324
	<u>1,158</u>	<u>1,068</u>	<u>454</u>	<u>87</u>	<u>2,767</u>

Children are also referred from the ear, nose and throat clinics for deep breathing exercises for asthma and nasal obstruction and by the heart specialists for general physical improvement. Twenty-nine children were referred in this way.

E.N.T. ...	8	12	8	—	28
Heart ...	1	—	—	—	1
	<u>9</u>	<u>12</u>	<u>8</u>	<u>—</u>	<u>29</u>

EYE CLINICS

One thousand one hundred and sixty two of the children examined by the school medical officers in the periodic age groups, as well as 59 children examined as special cases, were referred to the eye clinics for the following reasons:—

Errors of refraction ...	950
Squint ...	176
Other conditions ...	95
	<u>1,221</u>

This is 378 more than in 1955, but 2,492 more children were examined, and the percentage of those examined who were found to need ophthalmic advice was 9.5 compared with 8.09 in the previous year.

There are also arrangements for children to have their vision tested by the school nurses at the age of 8, but until the school nursing staff is further strengthened this cannot be undertaken at all primary schools. There are 279 primary schools which take 8 year old children. Sight testing was specially undertaken by the school nurses at 201 of these schools and at 27 other schools the children were examined at the age of 8 under the trial arrangements for the periodic examination of children at the ages of 5, 8, 11 and 14 years instead of at 5, 10 and 14 years. The total number of 8 year old children whose sight was tested was 3,004—2,557 by the school nurses and 447 by the medical officers—or 60 per cent. of the 8 year old age group. Unfortunately the

testing of some 450 children at 9 other schools had to be deferred until 1957 because of the absence on sick leave of the school nurses.

The results of the nurses' visits to the 201 schools were as follows:

Number of children tested	...	...	...	2,557	(3,150)
Number found to have normal vision	...	...	...	2,173	(2,744)
Number found to have slight defects and noted for re-testing at the medical officers' next visit to the school				176	(265)
Number referred to the eye clinics	...	...	...	128	(141)

Head teachers are asked to give details of any children whose eyes appear to need examination in the intervals between the medical officers' and nurses' routine visits to the schools, and sight tests are arranged either at the minor ailment clinic or by the school nurse. Recommendations for attendance at the eye clinics are also received from family doctors and the number of children who attended at the clinics, including those remaining under observation who needed to be refracted again was as follows:—

Eye conditions other than errors of refraction and squint				53	(43)
Errors of refraction and squint	...	...	...	1,673	(1,715)
Number of children for whom glasses were prescribed	...			1,273	(1,354)
Number of children who obtained glasses	...	...		1,145	(1,207)
Total attendances of children	...	...	...	3,986	(4,063)

(The figures in brackets are those for 1955)

A list of the centres at which eye clinics are held is included in the table on page 55. This provision has been adequate except at Salisbury and at Swindon where, although children referred for the first time are seen without delay there are waiting lists of children due to come back to the clinics for review; at both Salisbury and Swindon the waiting period is nine weeks. The situation might be met if the ophthalmic surgeons were able to hold additional sessions, and this possibility is being considered.

Twenty-nine children who had been under observation at the eye clinics were operated upon during the year—28 for strabismus and one for ptosis.

CHIROPODY

At Swindon treatment is available under the National Health Service for children referred through the school health service, but is otherwise provided under arrangements between the Education Authority and chiropodists in private practice at Chippenham, Devizes, Malmesbury, Melksham, Salisbury and Trowbridge. During 1956, 93 children received treatment in this way for the undermentioned conditions. Comparative figures for 1955 are given in brackets.

Verrucae	...	...	...	73	(66)
Corns	...	...	...	11	(8)
Ingrowing toe-nail	...			2	(1)
Callosities	...	...		3	(1)
Thickened toes	...	...		2	(—)
				—	—
Total	...	...		91	(76)
				—	—

Although slightly more children received treatment for verrucae or plantar warts, the incidence per 1,000 Wiltshire school children examined was lower than in the previous year, being 5.7 compared with 6.3. The following analysis of the figures during the past two years confirms that the condition occurs more frequently among children of secondary school age, but does not show the expected preponderance in girls.

	Year 1955			Year 1956		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Attending Secondary Modern and Grammar Schools (aged 11+—15+)	23	28	51	30	29	59
Attending Primary Schools (aged 5—11+)	4	11	15	6	8	14
	<u>27</u>	<u>39</u>	<u>66</u>	<u>36</u>	<u>37</u>	<u>73</u>

It seems possible that physical education in bare feet and the use of shower baths may be responsible to some extent for the spread of infection, but the figures are too small to form the basis of any definite conclusions and there are no national figures for comparison.

Child Guidance

The following is the report of Dr. K. C. P. Smith, Consultant Psychiatrist.

The child guidance team during 1956 has consisted of:—

Dr. K. C. P. Smith, Consultant Psychiatrist.
Mr. H. R. Melrose, Educational Psychologist.
Mrs. N. Varga, Psychiatric Social Worker.
Mrs. V. Cole, Psychiatric Social Worker.

The following clerks have acted as secretaries to the team:—

Miss J. C. M. Dalton.
Mrs. M. Hardaker (left 10/11/56)
Miss Y. Wright (commenced 26/11/56)

Centres

The child guidance sessions have been held at the following centres:—

- (1) The County Council Clinic, The Halve, Trowbridge. Every Monday all day.
- (2) The St. John Hall, 72 Fisherton Street, Salisbury. Alternate Tuesdays all day.
- (3) The County Council Clinic, 81 Bath Road, Swindon. Every Thursday all day.

Case Load

152 children were referred to the child guidance service in 1956 who were seen by the Psychiatrist and Educational Psychologist at the respective centres and the homes were previously visited by the social workers.

(a)	Number of initial interviews with children and parents	...	...	...	152
(b)	Number of children brought forward to 1956 for further treatment	...	...	...	179
				Total	331
(c)	Number of children seen as a consultation only	...	...	...	18
(d)	Number of children seen regularly by Psychiatrist	.....	...	...	313
(e)	Number of children discharged by Psychiatrist	...	...	...	133
(f)	Number of children carried forward to 1957 for further treatment	...	...	...	180
(g)	Total number of therapeutic interviews with children and parents by Psychiatrist	...	...	...	569

The distribution of the new 152 cases for 1956 as regards Centres were as follows:—

	1956	1955	1954	1953
Trowbridge	62	37	—	—
Salisbury	33	41	47	63
Swindon	57	55	57	54

Referrals

The 152 children were referred in the first instance by:—

	1956	1955	1954	1953
Principal School Medical Officer	38	43	37	40
Director of Education	2	1	5	8
County Children's Officer	8	6	11	10
County Head Teachers	15	18	23	32
Parents	7	6	8	16
General Medical Practitioners	20	25	24	20
Probation Officers	6	4	9	7
Medical Specialists	6	7	5	9
Miscellaneous	1	—	5	2
Principal Borough School Medical Officer (including other sources of reference in Swindon as listed above)	35	38	16	41

Children's Problems

The problems for which the 152 children were referred are summarised under the following classifications:—

	1956	1955	1954	1953
(1) <i>Nervous Disorders</i> (e.g. Fears, Seclusiveness, Depression, Excitability or Obsessions)	20	24	17	15
(2) <i>Habit Disorders and Physical Symptoms</i> (e.g. Speech, Sleep, Movement, Feeding and Excretory Disorders, Nervous Pains, Fits)	52	48	43	70
(3) <i>Behaviour Disorders</i> (e.g. Unmanageable, Temper, Aggressiveness, Jealousy, Demanding Attention, Stealing, Lying, Truancy, Sex difficulties)	58	63	52	71
(4) <i>Educational and Vocational Difficulties</i> (e.g. Backwardness, Inability to concentrate, Special disabilities)	20	13	24	28
(5) <i>Special Examination</i> (e.g. Educational advice, Vocational Guidance, Court Examination)	2	—	7	1

Details of duties carried out by the social workers during the year are as follows:—

Mrs. Varga

Initial home visits	72
Follow up home visits	165
<hr/>	
Total number of visits	237
Play Sessions in clinics	135
Visits to Probation Officers, G.P., etc.	7
Interviews with parents in clinics	7

Mrs. Cole

Initial home visits	18
Follow up home visits	93
<hr/>	
Total number of visits	111
Play Sessions in clinics	8
Visits to Probation Officers, G.P., etc.	4

Analysis of Closed Cases.

	Improved before appointment	Improved	Unchanged		Total
			Treatment unsuccessful	Other reasons	
Ascertainment				2	2
Treatment completed		67			67
Recommended special education	1	3		3	7
Left school, removed from district and/or referred to other agencies		18	9		27
Closed at parents' request		18	3		21
Non-co-operation of parents		4	5		9
Totals	1	110	17	5	133

General

The Consultant Psychiatrist attended Inter-Clinic Conferences at Bristol and Taunton. He was also asked to address the College of General Practitioners at its weekend course in Bath on the subject of Child Guidance. Clinics continued to be held at Trowbridge, Swindon and Salisbury. Owing to the unsatisfactory nature of the new premises at Salisbury there was a period of some months when clinics were not held. Clinics were recommenced there later in the year but it is still a dismal and depressing place and parents frequently comment on the building and temperature. It is hoped that more suitable premises will be found in the not too distant future.

This year for the first time an attempt is made to record the results of treatment. It will be seen that the term "improved" without specification of degree, is used. This is because any other terms will have little real validity, partly because the opinion derives from the therapist, and partly because in children's work stages of equilibrium are followed by stages of turbulence and one sometimes gives way to another with maturation. There are few children, if any, who do not at any time have at least one or two personality difficulties of which they, or their parents, complain.

The figures for the year must be reviewed in the light of the difficulties with which child guidance teams have to contend. Social problems of housing, finance, marital incompatibility, family disasters and illness cannot be much helped by psychotherapy whilst social help is bound to have a limit. Educationally children do not always fit into the general plan of the educational system and teachers, too, have their difficulties which are sometimes reflected in the children. Difficulties of obtaining educationally sub-normal day or residential placement and lack of remedial reading teachers mean that important aspects of the children's life cannot always be helped as fully as it could be wished. It is not easy either to find quickly suitable placement for maladjusted children. In a County there are difficulties not met with in a town because of the distances parents and children have to travel. Often the reason why parents ask for cases to be closed is because they are reasonably satisfied with the improvement and do not feel the effort of attending is worth the difficulties involved. It must be remembered that the team covering Wiltshire is approximately half the strength recommended by the recent Underwood Report.

In all the circumstances it is satisfactory to be able to report that more cases were closed than in the previous year and the waiting list kept to an easily manageable size. The team would like to record its gratitude for the help it has received from Dr. Lycett, Dr. Urquhart and the staff of the School Health Service.

Speech Therapy

The following is the joint report of the speech therapists, Miss R. Ford and Miss D. Montgomery:—

Regular clinics have been held in each centre this year, and all the clinics are full, nearly all of them having waiting lists.

Our new tape recording machine has been used with benefit over this last year. It is very useful for getting children to realize exactly what their speech sounds like, and with it, by a series of recordings, it is possible to assess accurately the progress of a given patient over a period of time.

Once more the majority of patients referred for treatment have been dyslalics, varying from the simple lisp to a complete language disorder. We have also treated a few more unusual cases, such as dysphonia and post-encephalitic aphasia.

Numerous school and home visits have been made by both Speech Therapists during the course of the year, as it is important that a good relationship should exist between teachers, parents and the Speech Therapist.

Schools visited	...	...	128
Homes visited	...	...	212
Occupation Centres	...	...	3
Children's Homes	...	...	3

A. Children referred for Speech Therapy and disposal.

			Amesbury	Chippenham	Corsham	Devizes	Malmesbury	Marlborough	Melksham	Mere	Rowdeford	Salisbury	Swindon	Trowbridge	Warminster	Total
Children referred	...	...	9	19	12	17	18	3	5	5	1	23	33	10	11	166
Accepted for treatment	...	...	2	7	5	8	10	2	2	2	0	12	9	3	5	67
Deferred	...	...	5	2	2	4	1	1	1	0	0	2	7	3	0	28
Treatment refused or found to be unnecessary	...	...	2	2	0	0	0	0	0	1	0	4	3	3	1	16
Awaiting appointment	...	...	0	8	5	5	7	0	2	2	1	5	14	1	5	55

B. Children treated.

	Amesbury	Chippenham	Corsham	Devizes	Malmesbury	Marlborough	Melksham	Mere	Rowdeford	Salisbury	Swindon	Trowbridge	Warminster	Total
Under treatment or observation at beginning of year	12	32	19	14	24	8	13	11	7	36	32	33	15	246
Attending for first time in 1956...	20	18	10	13	12	9	2	6	0	18	13	7	12	140
Discharged during 1956	12	15	9	7	15	4	6	4	2	23	13	14	13	137
Still under treatment or observation at end of year	20	35	26	20	21	13	9	15	5	31	22	26	14	249
Diagnosis:														
Stammer	6	10	5	4	7	6	0	3	2	16	8	9	7	83
Dyslalia	24	31	18	17	26	10	11	10	4	38	25	24	16	254
Cleft palate	0	3	2	5	1	1	3	2	0	0	2	5	2	26
Dysphonia	1	2	1	1	1	0	1	0	0	0	0	0	0	7
Other	1	4	3	0	1	0	0	2	1	0	0	2	2	16

Both Miss Montgomery and Miss Ford regularly visit cerebral palsied children at Odstock Hospital and Burton Hill House, Malmesbury, respectively. Miss Ford also visits Rowdeford School once a fortnight.

Handicapped Pupils

The number of handicapped pupils ascertained in the various categories during 1956, the recommendations for special educational treatment, the number of children admitted to special schools during that year and of those at special schools and awaiting places at the beginning of 1957 are given in Appendix II. All the children on the waiting list are continuing to attend ordinary schools except three who are receiving home tuition.

Special schooling was recommended for 120 children but vacancies were obtained for only 50. The waiting list for special school places has risen from 210 at the end of 1955 to 261. Of this total, however, 244 (compared with 194 a year ago) are educationally sub-normal children, of whom 173 are boys and 71 girls, and the provision of special school accommodation for this group of children remains the greatest problem. Apart from the day Special School at Swindon, where 12 educationally sub-normal children living outside the Borough are attending, the only provision in the County for such children is the special school at Rowdeford for boys between 10 and 16 years with places for 40 boarders and 20 day pupils. Sixteen Wiltshire children are in schools outside the County of whom 8 are attending independent schools, but few such vacancies arise. The ever growing waiting lists of educationally sub-normal children for special school places emphasises the urgent need to build a new school so as to provide at least 90 places for boys and 60 for girls. At present children for whom special education in residential schools has been advised comparatively early in their school life, are being denied this opportunity and are leaving school after having had only such individual attention as it has been possible to give them in ordinary schools, often in difficult circumstances.

The number of children in other categories for whom special schooling was recommended during 1956 was 37 compared with 32 in the previous year, but the waiting list at the end of 1956 was only one more than at the end of 1955—17 compared with 16. For blind and partially sighted children the waiting period for admission to special schools varies from 9 to 15 months and for deaf and partially deaf children 9 to 10 months. Vacancies for delicate children can usually be secured without too much delay.

Ten partially deaf and deaf children were discharged from special schools in Exeter, Brighton and Margate in December at the age of 16 years.

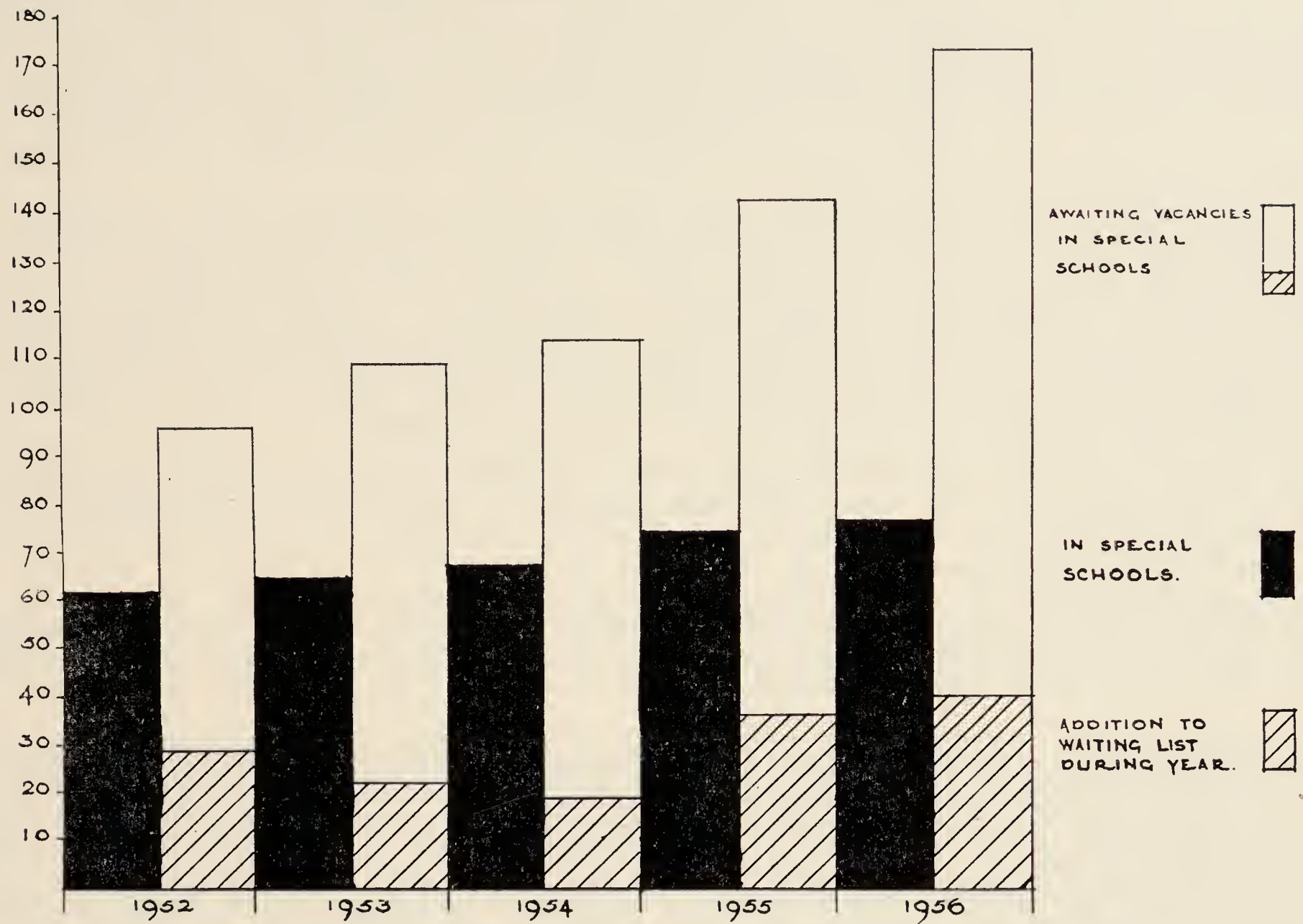
The admission of physically handicapped children sometimes presents difficulty and there are at present 3 children in this category awaiting vacancies. Of the 12 spastic children in special schools vacancies for only 4 could be obtained in special schools approved by the Ministry of Education, the remainder being in independent schools. Apart from the Shaftesbury Society Special School for Physically Handicapped Girls at Malmesbury there is no school for physically handicapped pupils in Wiltshire and the 27 children in this category who are in special schools are accommodated in no less than 15 different schools, some of which are as far away as Yorkshire and Cardiff. The possibility of the provision in or near Wiltshire of a special school for physically handicapped children in association with neighbouring education authorities seems worthy of consideration.

The day unit for spastic children at Odstock Hospital which was opened in June, 1955, continued successfully. At the end of 1956 there were 8 children in attendance and the possibility of its remaining open for five days a week instead of three and a half is under consideration. A similar unit has been in operation in Swindon since 1952 and three children from outside the Borough were attending.

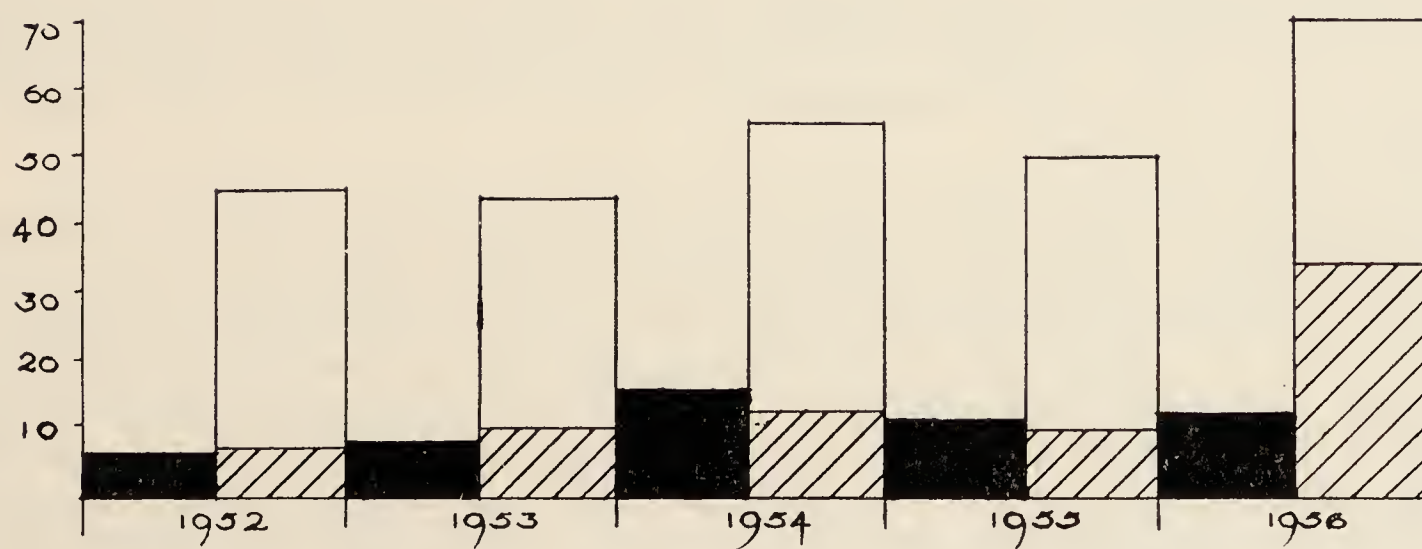
The teacher for the children in the Odstock spastic unit also undertook the teaching of the long stay children in the hospital wards and during 1956 tuition was provided in this way for 26 children.

EDUCATIONALLY SUBNORMAL CHILDREN RECOMMENDED
FOR ADMISSION TO SPECIAL SCHOOLS.

BOYS.



GIRLS



Dental Examination and Treatment

Report of the Principal School Dental Officer, W. H. Liebow, Esq., L.D.S.

The Education (Miscellaneous Provisions) Act, 1953, places upon local education authorities the duty of providing comprehensive facilities for free dental treatment for children attending maintained schools. This may be done by the employment of whole or part-time dentists or under arrangements made by a regional hospital board. The present shortage of students entering the profession of dentistry and the scarcity of qualified candidates for employment by local authorities makes the provision of an adequate scheme of dental supervision impossible. During the year, however, the Report of the Committee on Recruitment to the Dental Profession was published. Amongst the recommendations of importance to local authorities is the need for more dental health education in schools. It is thought that a better appreciation of the importance of dental disease as a health destroyer would encourage more pupils to take up dentistry as a career. Talks have now been given, and a sound film, which has been produced in order to encourage girls to enter dentistry, has been displayed at grammar schools in the County. Other sound films have been shown and talks given to audiences at Parent Teacher Associations and Women's Rural Institutes. More applications for these talks and films, which are free of any charge, would be welcomed as these associations provide an excellent medium for dental propaganda.

The above Report also recommends that certain authorities should examine in detail methods whereby effective financial help can be provided for suitable candidates for dental schools who, under present arrangements, are unable to accept grants from State or local authorities because parental contributions cannot be made.

Under the Dentists Act, 1956, the General Dental Council may establish a class of ancillary dental worker who, while employed by a local authority, may fill teeth and extract deciduous teeth under the direction of a registered dentist.

Another matter of interest to local authorities in the prevention of dental disease in children is the fluoridation of drinking water supplies. In North America it has been demonstrated beyond doubt that the addition of sodium fluoride to the water supplies in order to bring it to a level of one part per million, has reduced the amount of dental decay in children by about sixty per cent. There has been much controversy over this subject but it may now be said that undesirable side effects on the population are unlikely. Experiments have been started in Britain and it is hoped that, once the findings are established, immediate steps will be taken to adapt all supplies. If the results are as anticipated the benefits to the health of the community and to the economy of the dental service should be great. The fluoride content of water supplies in Wiltshire varies between 0.02 and 1.00 p.p.m. The better structure of children's teeth in an area with a high fluoride content in the water supply has been noted by one of the dental staff.

In spite of any steps which may be taken with regard to recruitment to the dental profession, ancillary dental workers and fluoridation of water supplies it will be many years before an appreciable improvement will be seen in the state of children's teeth. In the meantime, the most rewarding approach to the problem lies in dental health education for parents and children who can do a great deal to prevent much dental disease.

The establishment of dental officers in 1956, including the Excepted District of Swindon, was one Principal School Dental Officer and thirteen School Dental Officers. During the year eleven School Dental Officers were employed and two part time dentists gave a total of 137 sessions. In February, Colonel F. H. R. Davey was appointed for the Chippenham area and Mr. J. M. Hanley for Swindon. Mr. A. V. Yates resigned his appointment in June. The time devoted to dental inspection and treatment of school children in the County—apart from the Excepted District of Swindon—was equivalent to 7.7 officers, compared with 7.3 for the previous year. The remaining time was spent in inspection and treatment of expectant and nursing mothers and children under five years of age, children attending Swindon schools and in administration.

One dental officer can successfully deal with 2,500 children per annum but in Wiltshire during the year the number per dental officer was more than 5,000. With so many children it is not possible to provide complete treatment for every child whose parents have accepted treatment. Several methods of restriction are advised in order to give each child the opportunity of treatment within a reasonable period. During the dental officer's visit to the school he should remove all septic or aching teeth and then select only a few suitable patients for complete treatment. Children, whose parents do not accept treatment regularly, should receive emergency treatment only. Another method is to limit the conservation of the deciduous dentition and badly decayed permanent teeth which require extensive restoration with consequently less probability of success. None of these methods provides a satisfactory solution for dentist or patient as more parents now realise the need for complete treatment, making the problem of selection difficult, and children whose parents do not appreciate the need have an additional handicap.

It has not been possible to obtain accommodation for permanent dental clinics during the year, but improvements in the existing clinics have been carried out. X-ray apparatus has been provided at Corsham, Devizes and Warminster clinics and the old equipment at Meyrick Close, Salisbury, has been replaced by a new dental unit with X-ray apparatus. An additional mobile clinic is now in service at schools in the Salisbury area. Clinics were urgently required at Chippenham, where no permanent accommodation has been available, and at Salisbury where two dental officers use the same surgery. At the time of writing premises have been secured at Chippenham, and proposals for Salisbury are under consideration. It is hoped that eventually each dental area will be provided with an up-to-date fixed and mobile clinic in order to reduce to the minimum the use of makeshift accommodation in schools and elsewhere.

Ministry of Education Circular 288 expressed the need for development of facilities for orthodontic treatment which is the prevention and correction of abnormalities in the growth and development of the jaws and teeth. There is a national shortage of suitably qualified dentists for the work, but the Committee was fortunate in securing the full time services of Miss D. M. Y. Campbell, who commenced duties in May, 1956.

Orthodontic treatment is of great value in any dental scheme for children. Irregular and crowded teeth are difficult to clean with the result that they decay and have to be removed. Occasionally speech is affected and mastication is inefficient. The loss in aesthetic value produced by unsightly, irregular front teeth may have a bad psychological effect upon a child. Many abnormalities are due to thumb sucking, the use of the dummy or comforter, or the early loss of deciduous teeth, and could therefore have been prevented. A few are resolved naturally but the majority require the insertion of a fixed or removable appliance as the condition usually becomes worse. It is estimated that five per cent of school children suffer from orthodontic defects which require correction by appliances. Treatment is prolonged and usually takes about twelve months to complete.

In order to make full use of the service all patients requiring this treatment are referred to the Orthodontist. At the start all patients were seen who were already under treatment by the dental officers. Those with simple defects were referred back to them with diagnosis and advice regarding further treatment and are reviewed at intervals. Patients requiring more complicated apparatus and treatment are retained by the Orthodontist.

There has been excellent co-operation by the dental officers and advice and treatment has been requested by ear, nose and throat surgeons, plastic surgeons at Frenchay and Odstock Hospitals and general dental practitioners. This co-operation is much appreciated, but, as a result of the heavy demand for treatment there is a waiting list of approximately 400 patients. It has, therefore, been necessary to warn parents that there may be delay in commencing treatment. In order to reduce the waiting list it is proposed to refer more patients back to the dental officers. Although some sessions will have to be spent in discussing proposed methods of treatment the Orthodontist will eventually be able to withdraw more patients for treatment from the waiting list. To avoid too much interference with routine school work each dental officer will not devote more than one session per week to this work.

There is no doubt that, in Wiltshire, there is a sufficient number of children suffering from orthodontic defects to justify the appointment of an assistant orthodontist. In the meantime an additional dental attendant for the Orthodontist could assist her at the busier clinics, thereby allowing her to see more patients, and be responsible for the clerical work of the scheme which has placed an additional, considerable burden upon the clerical staff of the Department.

Regular weekly or fortnightly clinics are held at Chippenham, Corsham, Devizes, Marlborough, Salisbury, Swindon, Trowbridge and Warminster.

The following shows the work done by the Orthodontist during the year:—

Number of consultations	...	...	...	...	423
„ „ cases commenced	...	...	...	...	279
„ „ „ completed	...	...	...	...	4
„ „ „ treated with appliances	...	...	...	...	262
„ „ removable appliances fitted	...	...	...	...	255
„ „ fixed appliances fitted	...	...	...	...	56
„ „ appliances repaired	...	...	...	...	40
„ „ cases x-rayed	...	...	...	...	15
„ „ adjustments	...	...	...	...	870
„ „ attendances	...	...	...	...	1,712

There have been minor difficulties in organisation due to lack of suitable accommodation, bad travelling facilities for patients and difficulty in finding technicians capable of making the more complicated appliances. In spite of these the appointment of an orthodontist has done a great deal in raising the status of the school dental service.

The work done during the year can be examined in the following table. It will be seen that additional information is now given in respect of orthodontic treatment.

DENTAL INSPECTION AND TREATMENT

Carried Out During the Year 1956.

(1) Number of pupils inspected by the Authority's Dental Officers:—								
(a) At Periodic Inspections	...	...	...	...	...	15,759	(14,487)	
(b) As Specials	...	...	...	...	...	2,748	(2,542)	
					Total (1)	18,507	(17,029)	
(2) Number found to require treatment	...	...	...	...	...	14,398	(12,988)	
(3) Number offered treatment	...	...	...	...	...	11,870	(12,486)	
(4) Number actually treated	...	...	...	...	...	8,819	(8,645)	
(5) Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h)	...	...	...	...	...	25,626	(23,871)	
(6) Half days devoted to: Periodic (School) Inspection	...	...	...	...	...	188	(184)	
Treatment	...	...	...	...	...	4,068	(3,654)	
					Total (6)	4,256	(3,838)	
(7) Fillings: Permanent Teeth	...	...	...	...	...	12,280	(12,241)	
Temporary Teeth	...	...	...	...	...	2,520	(2,096)	
					Total (7)	14,800	(14,337)	
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	...	11,448	(11,271)	
Temporary Teeth	...	...	...	...	...	2,405	(2,030)	
					Total (8)	13,853	(13,301)	

(9)	Extractions: Permanent Teeth	...	...	...	...	...	...	2,633	(2,207)
	Temporary Teeth	...	...	...	...	...	...	9,786	(10,750)
							Total (9)	12,419	(12,957)
(10)	Administration of general anaesthetics for extraction	...	...					967	(928)
(11)	Orthodontics:								
	(a) Cases commenced during the year	...	...	...	...			402	
	(b) Cases carried forward from previous year	...	...	...	...			194	
	(c) Cases completed during the year	...	...	...	...			41	
	(d) Cases discontinued during the year	...	...	...	...			31	
	(e) Pupils treated with appliances	...	...	...	...	...		387	(244)
	(f) Removable appliances fitted	...	...	...	...	...		370	
	(g) Fixed appliances fitted	...	...	...	...	...		58	
	(h) Total attendances	...	...	...	...	...		3,184	
(12)	Number of pupils supplied with artificial dentures	...	...					74	(66)
(13)	Other operations:								
	Permanent teeth	...	...	...	...	...	...	8,207	(6,626)
	Temporary teeth	...	...	...	...	...	...	1,945	(2,686)
							Total (13)	10,152	(9,312)

Figures for 1955 in brackets.

The above table shows an increase in the work done over the previous year in every section with the exception of the number of temporary teeth extracted. Of the children referred for treatment at the routine school examinations, 66.6 per cent. were treated by the County dental officers. This does not include 2,748 specials and compares with 62 per cent. for the previous year. In view of the increasing knowledge of parents that free treatment can be provided by any practitioner under the National Health Service Act, this increase is surprising and indicates that there is no drift away from the school dental service. It is pleasing to record that an increasing proportion of children, whose parents refuse dental treatment under County Council arrangements, are now having treatment under the Act. This proportion is higher in urban than in rural areas, and may be explained by the fact that in rural areas visits to the dentist may involve a considerable amount of travelling.

In spite of the increased number of children treated by County dental officers and by dentists under the Act, there are still too many parents who do not realise the importance of dental treatment, particularly of the deciduous dentitions, at regular intervals.

Specials are children who have been referred for treatment by school medical officers, head teachers and others. Treatment is usually required for the relief of pain or sepsis or for orthodontic purposes.

Other operations include scalings, dressings, adjustments to orthodontic appliances, and silver nitrate treatment of deciduous teeth in order to prevent too early extraction.

Hygiene in Schools

Hygiene conditions at schools are kept under review by the medical officers and by the County Health Inspector. Since 1951 a special survey has covered most of the schools in the County. The faults discovered have been the subject of recommendations to Committees and to the Chief Education Officer and since the Standards for School Premises Regulations, 1954, came into operation the recommendations have as far as possible related the shortcomings to the requirements of these Regulations.

Table I shows defects in the present structure and fittings which have been reported and in respect of which the County Architect has been kind enough to supply me with information of the work carried out. From this it will be seen that a high proportion of the defects reported in *existing* structures and fittings have been remedied. These results, however, do not cover a very large number of faults in schools where the provision itself is inadequate in relation to the reasonable needs of the health and welfare of the children and the requirements of the Regulations. The survey has shown that in spite of the efforts that have been made to improve schools and to remedy the defects reported, there are deficiencies in accommodation and sanitary provision at least to the extent shown in Table II and that these deficiencies are especially in primary schools. This table relates to 247 primary schools and 13 secondary schools, out of a total of 299 primary and 37 secondary schools.

Many classrooms are small, dark and ill-ventilated. Many playgrounds are also too small. Cloakrooms are inadequate, and there is a lack of drying facilities in no fewer than 78 schools. There are five schools where it is necessary to boil the drinking water and two not connected to a public water supply although this is available and it would be practicable to connect them. There is also the very important problem of inadequate washing accommodation and lack of hot water, while many schools are still without water closets. These defects partly result from absence of water supplies under pressure, partly from absence of sewers and partly from a shortage of accommodation within the present buildings in which to extend the toilet provision, but these obstacles could in many cases be overcome. Where there is no sewer, but a water supply under pressure can be provided (including the use of a roof tank supplied from a well), the Regulations prescribe water closets with a cesspool or treatment plant. Nor should lack of space in the present buildings be allowed to prevent the children from having proper and sufficient wash-basins and closets, since in many cases it would be possible to enlarge the buildings or to build a sanitary annexe.

Staff accommodation is also most unsatisfactory, while the lack of space where a medical inspection can be carried out in quiet and privacy prevents full benefit being obtained from this important health measure.

Apart from the adverse effect on the health of children using these inadequate schools, the increased likelihood of absence from colds and other infectious illness and the favourable conditions for the spread of intestinal infections, the education of children (during the years when they learn most easily) under conditions where a bad example must inevitably be set in matters of hygiene is the very antithesis of health education. Health education in schools should be by example as well as, or even more than, by precept and will have its effect not only on the present generation of children but upon the succeeding one, for whom as parents they will be responsible.

While the present programme for building new secondary modern schools will eventually go a long way towards securing satisfactory conditions for secondary school children, there are approximately 30,630 children of primary school age—i.e. about 67 per cent of the school children in the County. It seems unlikely that there will be much building of new village primary schools in the foreseeable future and that the time has come to consider measures to bring about a rapid improvement in schools which will have to do duty for many years and which will continue to serve a large proportion of the children.

TABLE I

DEFECTS.	No. of Schools at which Reported.					No. of Schools at which Remedied.				
	Primary			Second-ary	Total	Primary			Second-ary	Total
	County and Controlled	Aided	Total Primary			County and Controlled	Aided	Total Primary		
<i>External Structure.</i>										
Defective roof	30	5	35	1	36	25	5	30	1	31
Defective walls	5	—	5	—	5	4	—	4	—	4
Cement rendering defective	1	—	1	—	1	1	—	1	—	1
Badly fitting doors ...	10	—	10	—	10	9	—	9	—	9
<i>Teaching Accommodation.</i>										
Defective wall and ceiling plaster	13	2	15	—	15	9	2	11	—	11
Defective flooring	17	1	18	1	19	13	1	14	1	15
Defective fireplaces, stove and stove pipes	21	3	24	—	24	20	2	22	—	22
Windows require re-glazing	5	2	7	—	7	4	2	6	—	6
Defective extraction ventilator	1	1	2	—	2	1	1	2	—	2
Redecoration required ...	29	13	42	1	43	24	11	35	1	36
Dampness	4	—	4	—	4	3	—	3	—	3
Draughty	3	2	5	—	5	3	2	5	—	5
<i>Washing Accommodation.</i>										
Defective wash basins ...	6	2	8	—	8	6	1	7	—	7
Defective waste pipes ...	6	1	7	1	8	3	1	4	1	5
Overflow pipe blocked ...	2	—	2	—	2	2	—	2	—	2
Plugs missing from wash basins	—	1	1	—	1	—	1	1	—	1
<i>Sanitary Accommodation.</i>										
Dilapidated	2	1	3	—	3	1	1	1	—	1
Defective floor	9	4	13	—	13	7	4	11	—	11
Hopper w.c.s, trough or vault closets	2	3	5	—	5	1	2	3	—	3
Defective pans or pails ...	9	3	12	1	13	6	3	9	1	10
Defective seats	18	3	21	—	21	16	3	19	—	19
Replastering or decoration required	8	1	9	1	10	6	1	7	1	8
Blocked drains	4	1	5	—	5	4	1	5	—	5
Unsatisfactory drainage disposal	4	5	9	—	9	2	3	5	—	5
Inadequate light and ventilation	11	1	12	—	12	6	1	7	—	7
Leaking cistern	2	—	2	—	2	2	—	2	—	2
Defective flushes	10	1	11	—	11	8	1	9	—	9
Defective urinal slabbing ...	11	4	15	1	16	8	3	11	1	12
Defective screens	10	1	11	—	11	7	—	7	—	7
Urinal flush not working ...	8	3	11	—	11	7	3	10	—	10
Doors require re-hanging or do not fit properly ...	3	2	5	—	5	3	2	5	—	5
Flush chains defective or too short	2	2	4	—	4	2	2	4	—	4
Windows require re-glazing	1	1	2	—	2	1	—	1	—	1
Defective louvres	—	1	1	1	2	—	—	—	1	1
Frost protection required ..	1	1	2	—	2	1	1	2	—	2
Lintel over entrance defective	—	1	1	—	1	—	1	1	—	1
Coke stored in urinal ...	1	—	1	—	1	—	—	—	—	—

DEFECTS.	No. of Schools at which Reported.					No. of Schools at which Remedied.				
	Primary			Second- ary	Total	Primary			Second- ary	Total
	County and Controlled	Aided	Total Primary			County and Controlled	Aided	Total Primary		
<i>Cloakrooms.</i>										
Damp	12	—	12	—	12	7	—	7	—	7
Defective ceiling or wall plaster	4	—	4	—	4	4	—	4	—	4
Insufficient light or ventila- tion	13	3	16	—	16	6	—	6	—	6
Defective floor	2	—	2	—	2	2	—	2	—	2
Redecoration required	4	3	7	—	7	4	3	7	—	7
Insufficient hooks	5	1	6	—	6	5	1	6	—	6
Defective hooks	1	—	1	—	1	1	—	1	—	1
<i>Playground and Approach Paths.</i>										
Paving or resurfacing required	49	19	68	2	70	37	17	54	2	56
Defective drainage	9	1	10	—	10	8	1	9	—	9
<i>Kitchen.</i>										
Defective draining board	1	—	1	—	1	1	—	1	—	1
Defective sink waste	1	—	1	—	1	—	—	—	—	—
Re-glazing of windows	1	—	1	—	1	1	—	1	—	1
Redecoration required	2	1	3	—	3	2	1	3	—	3
<i>Other.</i>										
Defective boundary walls, fences and hedges	11	4	15	—	15	10	3	13	—	13
Defective gates	2	—	2	—	2	2	—	2	—	2
Defective drain gullies	9	—	9	—	9	3	—	3	—	3
Defective pump	1	1	2	—	2	1	1	2	—	2
Cracked well or manhole cover	3	2	5	—	5	2	1	3	—	3
Defective gas meter and pipe	1	—	1	—	1	1	—	1	—	1
Drains choked	16	3	19	—	19	15	2	17	—	17

TABLE II
Comparison with Standards

	No. of schools at which Deficiencies exist.					Schools at which work is in hand or approved which will remedy deficiencies.
	Primary			Secondary	Total	
	County and Controlled	Aided	Total			
<i>Teaching Accommodation.</i>						
One or more rooms less than minimum size ..	135	36	171	5	176	2
Poor natural light in one or more classrooms ...	33	8	41	1	42	—
Poor artificial light in one or more classrooms ..	16	4	20	—	20	1
Poor ventilation in one or more classrooms ...	28	5	33	1	34	2
Inadequate heating in one or more classrooms ...	9	1	10	—	10	—
<i>Paved Playground less than Size required</i>	122	37	159	5	164	3
<i>Cloakroom Storage of Pupils' outdoor Clothing.</i>						
Insufficient	38	11	49	—	49	2
Unsuitable (e.g., damp)	27	9	36	—	36	3
Inadequate drying facilities	61	17	78	—	78	2
<i>Water Supply.</i>						
Polluted (See Note below)*	4	1	5	—	5	1
No piped supply to school although piped water available	4	1	5	—	5	3
No supply under pressure although well available	4	1	5	—	5	—
<i>Sanitary Accommodation.</i>						
Less than number of fittings required	32	15	47	4	51	2
No flush to urinal	57	15	72	—	72	5
Closets not converted to w.c.s—						
External piped water and public sewer available ...	—	—	—	—	—	—
External piped water but no public sewer	64	21	85	—	85	13
Well but no public sewer	7	—	7	—	7	—
<i>Washing Accommodation.</i>						
Less than number of wash basins required ...	166	41	207	6	213	8
No piped water supply available to basins ...	42	12	54	—	54	5
No hot water to any basins	120	27	147	3	150	2
<i>Accommodation for Staff.</i>						
No staff room	110	34	144	1	145	1
No staff washing accommodation	98	24	122	—	122	1
No staff cloakroom	88	20	108	—	108	1
No staff sanitary accommodation	67	22	89	—	89	1
<i>No Medical Inspection Accommodation.</i>	110	33	143	3	146	3
<i>Inadequate Storage facilities.</i>	33	5	38	—	38	1
<i>Kitchen Accommodation.</i>						
The question of the application of the Food Hygiene Regulations, 1955, has been dealt with below						

*Boiled before use. No alternative supply at present available.

SCHOOL MEALS HYGIENE.

The Food Hygiene Regulations, 1955, came into force on the 1st of January, 1956, and lay down requirements governing the structure and cleanliness of food premises, the hygienic handling of food, and the cleanliness of persons handling food. The Regulations apply to a much wider range of premises than previous legislation and apply whether or not there is sale of food. District councils are the enforcing authorities.

As perhaps the largest food caterers in the County the County Council are affected in no small measure, particularly in connection with school meals, where the majority of school kitchens or sculleries contravene the Regulations.

In conjunction with district health inspectors, the County Health Inspector made a survey during the year of all school meals premises, and the table summarises the results of the inspections.

It will be observed from the table that at the end of 1956 only 16 of the 56 central and school kitchens where meals are prepared complied with the regulations, and of the 230 school sculleries only 10 were wholly satisfactory.

Major deficiencies included 55 schools where no washing up facilities existed other than the classroom or cloakroom, 131 schools without adequate hot water, and 180 school sculleries without wash hand basins.

The Food Hygiene Regulations are an important advance in legislation to ensure clean food. District councils have to insist upon compliance by private traders as well as by public bodies, and it is desirable that there should be no undue delay by the County Council in carrying out the obligations.

The need for schools to give a lead in the preparation and serving of clean food is obvious for reasons of both the health and the health education of the children.

COMPLIANCE WITH FOOD HYGIENE REGULATIONS, 1955

(Position as at 31/12/56)

Schools or Central Kitchens (where meals are prepared):

Schools or central kitchens which <i>do not</i> comply with the Regulations	40
Schools or central kitchens which <i>do</i> comply with the Regulations ...	16
Total	56

School Sculleries (where meals are served):

Schools which <i>do not</i> comply with the Regulations	...	...	220
Schools which <i>do</i> comply (i.e. satisfactory)	...	...	10
Schools where no meals are taken	...	...	24
Schools where washing up is done at central kitchens	...	...	44
Total	...	...	298

Number of school or central kitchens which do not comply in the following respects:

Inadequate hot water supply	...	...	...	...	...	...	3
Sinks inadequate or defective	...	...	...	...	...	...	17
Wash basin required	...	...	...	...	...	...	10
Inadequate lighting or ventilation	...	...	...	...	...	...	3
Premises or equipment needing repair or renovation				...	...	...	26
Miscellaneous minor defects	...	...	...	...	...	...	18

sculleries

Number of school or ~~central~~ kitchens which do not comply in the following respects:

Inadequate hot water supply	...	...	...	...	...	...	131
Sinks defective or inadequate	...	...	...	...	...	...	123
Wash basin required	...	...	...	...	...	...	180
Inadequate lighting or ventilation	...	...	...	...	...	...	15
Inadequate floor space	...	...	...	...	...	...	5
Cloakrooms and/or classrooms used as sculleries	...	...	...	...	...	...	55
Premises or equipment needing repair or renovation	...	...	...	...	...	...	76
Miscellaneous minor deficiencies	...	...	...	...	...	...	42

*A scheme was introduced for the medical examination of food handlers in the school meals service on commencing work and for the issue of a special medical certificate after sickness.

The Chief Education Officer has also been good enough to provide the following details concerning school meals:—

Number of children being supplied with meals	...	17,076	(17,226)
Number of children being supplied with free meals	...	1,395	(1,806)

(The figures in brackets show the position at the end of 1955)

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS

As in previous years, whenever mass radiography units visited Wiltshire teachers, school meals workers and other members of school staffs who are frequently in contact with children were encouraged to take advantage of the opportunity to have a miniature x-ray. The regional hospital boards have not enough units yet to visit every town in Wiltshire each year. The units usually come to the different centres at intervals of about eighteen months to two years. Consequently more mass radiography is done in the County in some years than others. In 1956 comparatively few visits were made by units to Wiltshire and although 76.6 per cent. of the school staff in the areas visited attended for x-ray the number examined was only 2.69 per cent. of the total of the school staff in the County because it was only possible to offer appointments to 35.1 per cent. It is understood that a much larger programme of mass radiography in Wiltshire has been planned by the regional hospital boards for 1957, and it is hoped that the number examined will be nearer to the total for 1955 when 78.9 per cent. of all the school staff attended.

The list below shows the number who attended at the various centres and the percentage for the last visit of the unit to each centre is given in brackets. The number examined at Malmesbury was low because the unit went there in the school holidays when many of the teachers were away from the town. The low attendance at Malmesbury is the main reason for the fall in the percentage of staff to whom appointments for chest x-ray were offered, who actually attended.

	<i>Total No. of Staff invited</i>	<i>Number attended</i>	<i>Percentage</i>
Chippenham	234	192	82.1 (73.1)
Trowbridge	255	219	85.9 (81.4)
Melksham	134	102	76.2 (88.1)
Malmesbury	123	52	42.3 (69.0)
Bradford-on-Avon	88	76	86.4 (80.3)
Warminster	125	95	76 (83.3)
Bath (Colerne School only) ...	7	5	71.4 (100)
	<hr/> 966 <hr/>	<hr/> 741 <hr/>	<hr/> 76.7 (80.2) <hr/>

B.C.G. VACCINATION

The arrangements to provide B.C.G. vaccination against tuberculosis for children between the ages of 13 and 14 years, which are mentioned more fully in my report as Medical Officer of Health, were continued in the Amesbury, Salisbury and Wilton, and Mere and Tisbury Rural Districts and the City of Salisbury and Borough of Wilton. During the year 320 children were vaccinated.

INFECTIOUS DISEASE IN SCHOOLS

For many years past it has been the practice for head teachers to submit, on forms provided for the purpose, information of children who are absent from school because of infectious disease or because they are contacts and to send a copy to the District Medical Officer of Health. They have also been given advice from time to time on periods of exclusion of infectious cases and contacts, and on symptoms which may be manifested by children in the earlier stages of infectious illness, so that they may be provisionally excluded from school until medical advice can be obtained.

A further Memorandum on the Closure of Schools and Exclusion from School on Account of Infectious Illness was issued jointly by the Ministry of Education and the Ministry of Health during the year.

School attendance was not appreciably affected by infectious illness, and it was not considered necessary to close any school on this account. Throughout the year the average attendance was 91.2. The lowest percentage was during February (83.6) and the highest in April (94.1). Chicken pox was more widespread than any other condition ; it was not confined to any one period of the year and no single school was seriously affected. There were also outbreaks of mumps and measles, the latter occurring mainly in the southern half of the County, none of which assumed very large proportions. There were few outbreaks of whooping cough, but at one village school more than half the children were affected. Few cases of scarlet fever were reported, and there was no major outbreak of influenza.

The incidence of sonne dysentery, however, caused concern. It occurred first at one school in the Highworth Rural District in January and four other schools in this area were involved during May and June. Cases were also reported during May from five schools in the Devizes Urban and Rural District and at one school each in the Pewsey and Amesbury Rural Districts during June. There were further outbreaks in the Calne Urban and Rural Districts commencing in April and continuing through May and June, and ten schools were involved. Sporadic cases were reported elsewhere in the County, but fortunately no further outbreaks developed.

Everywhere there was close co-operation with the District Medical Officers of Health. Infected children and contacts were excluded and not allowed to return to school until it had been established bacteriologically that they were free from infection. Special measures were taken to minimise the risk of its spreading with scrupulous attention to hand washing, rinsing in a suitable disinfectant and the use of paper towels, as well as additional care in the maintenance of the sanitary accommodation. I should like to thank the school staffs for their help in this respect.

SCHOOL MILK

The administration of the milk in schools scheme had for many years been undertaken in the Health Department, but it was decided during the year that it should be passed to the Education Department, leaving the approval of sources of supply with the County Medical Officer.

The Chief Education Officer has supplied me with the following information, excluding the Borough of Swindon.

GRADES OF MILK SUPPLIED TO COUNTY COUNCIL SCHOOLS

				1956		1955	
Pasteurised Milk in $\frac{1}{3}$ pint bottles	...	...	...	332	schools	330	schools
T.T. Milk in $\frac{1}{3}$ pint bottles	...	...	...	3	„	4	„
in bulk	...	...	...	—	„	1	„
Non-designated milk in bulk	...	...	...	1	„	1	„
				<u>336</u>	„	<u>336</u>	„

NUMBER OF CHILDREN DRINKING MILK ON AN AVERAGE DAY IN OCTOBER AND THE TYPE OF MILK DRUNK

(Figures shown in brackets for 1955)

			<i>No. of children</i>	<i>Percentage</i>
Pasteurised ...	...	...	30,320 (30,700)	99.68 (99.1)
Tuberculin Tested	...	...	94 (1,890)	.3 (.87)
Non-designated	...	...	6 (12)	.02 (.03)
			<u>30,420</u> (<u>32,602</u>)	

In 1956 local education authorities were asked to provide the supply of milk to non-maintained schools on similar lines to those for maintained schools. Arrangements were made for 59 non-maintained schools to be supplied with pasteurised milk in one third pint bottles, and on an average day in October 4,780 children at these schools drank milk.

The County Health Inspector continued to sample school milk during the year and 77 samples were submitted for biological tests, all of which proved to be negative for tuberculosis. In addition, 194 samples of pasteurised milk taken at plants supplying milk to schools were submitted for methylene blue and phosphatase tests, and only 3 of these proved to be unsatisfactory.

Excepted District of Swindon.

REPORT OF THE PRINCIPAL BOROUGH SCHOOL MEDICAL OFFICER

FOR THE YEAR 1956

STAFF

The following changes in staff took place during the year:—

1. Medical

Dr. R. S. Male	...	...	commenced	16/1/56
Dr. D. S. Parken	...	...	resigned	16/1/56
Dr. E. M. Wallis	...	...	resigned	30/9/56
Dr. S. B. S. Smith	...	...	commenced	1/10/56

2. Dental

Mr. A. V. Yates	...	...	resigned	30/6/56
Mr. J. M. Hanley	...	...	commenced	6/2/56
Mrs. E. M. Clark	...	...	commenced	3/9/56 (part time)
Mrs. B. Leonard	...	...	commenced	10/12/56

3. School Nurses

Miss A. E. Jones	...	...	commenced	1/12/56
Mrs. R. A. M. E. Williams	...	...	commenced	6/2/56
Mrs. D. Yuill	...	...	commenced	4/6/56
Miss A. H. Webber	...	...	resigned	8/2/56
Mrs. M. McCadden	...	...	resigned	10/2/56
Miss J. Robson	...	...	resigned	7/8/56

SUMMARY OF STATISTICS

A summary of the principal statistics for the year 1956 with comparable figures for 1955 is given below:—

	1955	1956
Number of primary and secondary school children on register (at 18th January, 1957)	12,331	13,575
Number of children examined at routine medical inspection ...	3,519	3,084
Number found to require treatment for diseases and defects ...	1,121	852
Number of dental inspections	2,098	4,024
Number referred for dental treatment	1,985	3,866
Number of children examined for part-time employment	143	69

SCHOOL POPULATION

The estimated population of the Borough of Swindon at mid-year 1956 was 74,040. There was at the end of 1956 a total of 13,575 children on the registers of the primary and secondary schools of Swindon (including the Central School). This is an increase of 1,244 over the school population at the end of 1955 and 1,982 over 1954.

MEDICAL EXAMINATIONS

During the year, periodic medical examinations were carried out in accordance with the Handicapped Pupils and School Health Service Regulations, 1953.

The findings at medical inspections are given in the table on page 42.

All periodic medical examinations of the children at the two Grammar Schools were carried out during the summer and Christmas holidays. Parents were given a choice of dates on which the inspection could be done, and the inspection took place at Eastcott Hill Clinic. In this way it was possible to avoid interference with the work of these schools, and this was much appreciated by both parents and teachers.

The following table gives the number of primary and secondary school children examined and the number found to be suffering from disease and defects (excluding dental caries and uncleanliness) which required some form of treatment.

YEAR.	1956	1955	1954	1953	1952
No. of children examined	3,084	3,519	3,054	3,795	2,526
No. of children found to have defects ...	852	1,121	738	855	507
Percentage of children examined in need of treatment	27.6	31.8	24.1	22.5	20.0

Of the 3,084 children examined at routine medical inspections there were 402 (13.3 %) defects of vision and 308 (10 %) defects of ear, nose and throat.

There was a slight decrease in the percentage of children noted as requiring treatment as compared with 1955.

There was a noticeable fall in the number of children with defects of the nose and throat. Tonsillectomy is now only undertaken where very definite indications of tonsillar disease are to be found and this accounts for the fall in the number of children referred for treatment.

The number of minor orthopaedic defects remains high. It is now possible for parents to be offered treatment with Remedial Exercises for these defects, and the doctors record and refer all such cases, which previously would have been ignored as no means of treatment was available.

**DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1956, WITH COMPARABLE FIGURES FOR 1955**

Defect or Disease.	Periodic Inspections. No. of Defects.			
	Requiring Treatment.		Requiring to be kept under observation but not requiring treatment.	
	1956.	1955.	1956.	1955.
Skin	45	91	107	114
Eyes—				
(a) Vision	402	422	273	147
(b) Squint	60	28	30	26
(c) Other	8	15	11	12
Ears—				
(a) Hearing	15	10	28	32
(b) Otitis Media	5	9	23	39
(c) Other	4	15	4	31
Nose or Throat	52	110	177	348
Speech	21	46	36	75
Lymphatic Glands	5	15	101	206
Heart and Circulation	13	20	41	98
Lungs	32	56	77	159
Developmental—				
(a) Hernia	8	4	8	16
(b) Other	11	8	49	49
Orthopaedic—				
(a) Posture	113	114	88	191
(b) Flat Foot	102	59	69	127
(c) Other	48	56	130	142
Nervous system—				
(a) Epilepsy	3	9	14	8
(b) Other	7	2	18	28
Psychological—				
(a) Development	8	3	31	5
(b) Stability	3	11	47	40
Other	10	18	54	71

CLASSIFICATION OF PHYSICAL CONDITION

During 1956 the general condition of the children was assessed as “satisfactory” or “unsatisfactory.” In previous years the general condition has been recorded as “A” Good, “B” Fair, or “C” Poor, so that no direct comparison can be made.

The percentage of unsatisfactory children (1.7) is roughly the same as the percentage of children marked “C” in 1955 (1.8).

The table below shows the number and percentage of children placed in each category in 1956. Over the year the impression of the doctors was that there was no real change in the general condition of the children.

Age Group.	No. of Children Inspected.	Satisfactory.		Unsatisfactory.	
		No.	%	No.	%
Entrants, 1956	1,347	1,316	97.7	31	2.3
Second Age Group, 1956	980	965	98.5	15	1.5
Third Age Group, 1956	657	657	100	—	—
Other Periodic Inspections, 1956	100	94	94	6	6
TOTAL, 1956	3,084	3,032	98.3	52	1.7

CLEANLINESS

During 1956 the School Nurses carried out a total of 29,896 inspections for uncleanness, and a total of 181 individual children were reported as infested as compared with 254 in 1955.

MINOR AILMENT CLINICS

Minor Ailment Clinics are held at the following places and times:—

<i>Eastcott Hill</i>	<i>Time</i>	<i>M.O. in attendance</i>
Monday to Saturday inclusive	9.0 a.m. to 10.30 a.m.	Monday, Friday and Saturday
<i>Pinehurst</i>		
Monday to Friday inclusive	9.0 a.m. to 10.30 a.m.	Tuesday

In all, some 6,042 attendances were made at these clinics during the year. There were 2,277 consultations with the School Medical Officers.

OBSERVATION CLINICS

The practice of holding special observation clinics was continued. Children who are found, at a periodic or special medical examination, to have any defect which requires special observation, are seen at these clinics.

During 1956 a total of 525 consultations were held at observation clinics.

OTHER MEDICAL INSPECTIONS

Special medical inspections and re-inspections were carried out on 1,701 primary and secondary school children. The figures for 1955 and 1956 are as follows:—

	1955	1956
Number of inspections	1,589	1,701
Number of re-inspections	2,290	1,093

An analysis of the 1955 and 1956 figures are shown in the table of special examinations on Page 44.

**DEFECTS FOUND AT SPECIAL EXAMINATIONS IN THE YEAR ENDED
31st DECEMBER, 1956, WITH COMPARABLE FIGURES FOR 1955**

Defect or Disease.	Special Examinations. No. of Defects.			
	Requiring Treatment.		Requiring to be kept under observation but not requiring treatment.	
	1956	1955	1956	1955
Skin	367	387	201	7
Eyes—				
(a) Vision	126	120	35	12
(b) Squint	14	1	4	—
(c) Other	62	65	25	—
Ears:				
(a) Hearing	19	10	14	—
(b) Otitis Media	10	—	3	—
(c) Other	23	94	10	—
Nose or Throat	72	134	68	13
Speech	22	10	17	7
Lymphatic Glands	4	29	—	—
Heart and Circulation	12	5	14	3
Lungs	37	13	37	6
Developmental—				
(a) Hernia	—	1	—	—
(b) Other	12	8	13	19
Orthopaedic—				
(a) Posture	110	15	110	10
(b) Flat Foot	72	10	72	11
(c) Other	91	11	91	7
Nervous system—				
(a) Epilepsy	8	1	5	1
(b) Other	14	4	12	8
Psychological—				
(a) Development	15	3	11	—
(b) Stability	15	3	22	1
Other	114	266	43	8

PLANTAR WARTS

The special treatment clinics established in 1955 for the treatment of plantar warts were continued through 1956 and a total of 130 children were treated. The incidence of new cases of plantar warts decreased during the early part of the year, but there was a slight increase in the last few months of the year, and close attention is being given to the prevention of the spread of these warts.

CONSULTANT CLINICS

The Consultant clinics in Swindon have been the responsibility of the Oxford Regional Hospital Board since July, 1958. Any child found on examination by a school medical officer to need hospital treatment or a consultant's opinion is referred to the appropriate clinic. In every case the family doctor is notified of the intention to refer children to these clinics and is given the opportunity to deal with the case himself if he so desires.

OPHTHALMIC CLINIC

The only consultant clinic held on local authority premises, the Ophthalmic Clinic held at Eastcott Hill, was transferred in April, 1956, to the Swindon and District Hospital Management Committee premises at the Ophthalmic Department, Community House, in Faringdon Road.

	1955	1956
Number of Clinics held	104	103
Number of attendances	1,663	1,436
At the end of December, 1956, the position was as follows:—		
Number of cases referred and not seen		49
Number of cases already seen and referred for re-examination:—		
In three months		81
In six months		178
In one year		49

ORTHOPAEDIC CLINIC

Since May, 1950, the Orthopaedic Clinic has been run by the Regional Hospital Board at the Great Western Hospital. Thirty-three cases were referred to the clinic during 1956 by the School Medical Service as compared with 25 in 1955. As this department no longer arranges the appointments at this clinic, we have no actual knowledge of the total number of Swindon school children referred there from all sources. One hundred and six Swindon school children were treated at these clinics during the year and the attendances were 185 at Surgeons' clinics and 49 at Sisters' clinics.

EAR, NOSE AND THROAT CLINICS

Ninety-two children were referred in 1956 as compared with 131 in 1955. There is now no delay in obtaining appointments to see the specialists and where operation is necessary, this is carried out within a few weeks.

PAEDIATRIC CLINIC

Fifty-one children were referred to this clinic by school medical officers in 1956 as compared with 25 in 1955. As in 1955 the children were seen with little delay, and full reports were sent to the School Medical Officer by the consultant. The consultant also sends us a report on any school child referred to him from other sources.

SPECIAL CLINICS

REMEDIAL EXERCISES.—Number of children receiving treatment:—

Infant School Children	68
Junior School Children	50
Secondary Modern and Secondary Grammar School Children ...	143
	<hr/>
	261

Instruction and supervision in remedial exercises have been given to all children who have been referred by the School Medical Officer as likely to derive benefit from treatment.

During the course of 1956 an investigation was made into the results achieved from this treatment. The condition of all children referred to the Remedial Gymnast during the year commencing on the 1st April, 1955, was assessed partly on the parents' statements, and partly on the clinical findings of the School Medical Officer. A total of 296 children fell within the group studied, and of these 258 (87%) were found to have been improved by the treatment, and 38 (12%) showed no improvement.

Although several children were treated for more than one defect most fell within three main groups:—

- (1) Sixty boys and forty-eight girls were treated for flat foot and valgoid ankles. These were given foot and ankle strengthening exercises and instructed in the correct method of walking. On re-examination 95 (88%) of these children were thought to be improved, while in 13 (12%) cases no change was noticed. The average length of treatment was 9 months.

- (2) Forty-nine boys and seventy-four girls were treated for postural defects. These were given shoulder girdle exercises and instructed in the correct way to stand and sit. The average length of the treatment given in these cases was 9 months. One hundred and fourteen (93 %) of these children were thought to be improved at re-examination, while 9 (7 %) showed no change.
- (3) Twenty-seven boys and twenty girls suffering from asthma or recurrent bronchitis were treated. These were given exercises to enable them to breathe properly and instruction in correct posture. The average length of treatment given in these cases was 12 months. Thirty-five (75 %) of these children were found to be improved and 12 (25 %) showed no benefit.

Twelve boys and six girls were treated for various other defects for an average period of 8 months, and fourteen showed improvement while four did not appear to benefit.

The following table summarises the findings:—

<i>Defects.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Treated for</i>	<i>Improved.</i>	<i>No change.</i>
	148	148		258 (87 %)	38 (13 %)
Foot Defects ...	60	48	9 months	95 (88 %)	13 (12 %)
Postural Defects ...	49	74	9 months	114 (93 %)	9 (7 %)
Chest Defects ...	27	20	12 months	35 (75 %)	12 (25 %)
Other Defects ...	12	6	8 months	14 (77 %)	4 (23 %)

It is felt that these figures show the great value of the Remedial Gymnast's services, and many parents have expressed their appreciation.

The defects are usually of a minor degree and the aim of the treatment is to restore normal function, and to strengthen the muscles concerned.

The sessions are held weekly in the schools attended by the children and the programmes arranged so that it does not interfere unduly with the child's education.

The various schemes of exercises are short, as attractive as possible, and designed specifically for each complaint. They are of the type which can be carried out in a limited space without elaborate equipment. Children are encouraged to do the exercises at home, and parents advised on their value.

CHILD GUIDANCE SERVICE—SWINDON CLINIC, 1956

Mr. Melrose, the Educational Psychologist, reports as follows:—

Regular sessions of the Child Guidance Service have been held, as in previous years, at 81, Bath Road, Swindon, on Thursdays in each week.

The members of the Child Guidance team have been:—

Dr. K. C. P. Smith	...	...	Consultant Psychiatrist
Mr. H. R. Melrose	...	...	Educational Psychologist
Mrs. N. P. Varga	...	...	Psychiatric Social Worker
Mrs. M. Hardaker (resigned 22/11/56)			Clerical Assistant
Miss Y. Wright (commenced 29/11/56)			Clerical Assistant

Children have also attended the Centre, as in previous years, from the county areas of Highworth, Stratton, Wootton Bassett, Marlborough, Calne and Malmesbury, but no reference is made to them in this report.

Number of Children Referred

The Principal Borough School Medical Officer referred, in 1956, 40 new children to the Centre. The Psychiatric Social Worker visited their homes, and they were then seen by the Consultant Psychiatrist and Psychologist at the Centre, together with their parents, usually their mothers. During the absence on sick-leave of the Psychiatric Social Worker information about these homes was obtained from the Health Visitors.

In addition to the above, 49 children whose cases were carried forward from 1955 were also seen again by the Psychiatrist or Psychologist.

During 1956 the Psychiatrist carried out 185 therapeutic interviews with children and their parents and the Psychologist undertook 78 interviews for the assessment of intelligence and educational attainments, with subsequent remedial sessions.

The Psychiatric Social Worker in addition to visiting the homes for initial and follow-up purposes, supervised 65 play observation sessions.

Of the 40 new cases referred, 6 were single consultations only, 8 were discharged at the end of the year as improved, and 26 will be carried forward to 1957. There were 49 brought forward from previous years and of these 29 were discharged as improved, leaving 20 to be carried forward to 1957.

Children's Problems

The problems for which the 40 children were referred are summarised under the following headings with the comparable figures for 1955:—

	1956	1955
1. Nervous disorders	3	4
2. Habit disorders and physical symptoms	8	8
3. Behaviour disorders	19	22
4. Educational and Vocational difficulties	10	4
	—	—
	40	38
	—	—

Ages of Children

The distribution of the ages of the 40 children referred is as follows:—

Ages.	2 years and under	3	4	5	6	7	8	9	10	11	12	13	14	15	16 and over.	Total.	Year.
Children	2	3	1	4	2	1	7	5	2	6	3	1	3	0	0	40	1956
Children	1	0	1	2	4	4	5	4	2	6	1	5	3	0	0	38	1955

Intelligence of Children

The distribution of intelligence of the 40 children referred is:—

I.Q.	BELOW AVERAGE			AVERAGE		ABOVE AVERAGE			TOTAL	YEAR
	54 and below	55-70	71-85	86-100	101-115	116-130	131-145	145 and over		
Children	0	3	7	18	10	1	1	0	40	1956
Children	0	3	4	15	13	2	1	0	38	1955
Percentage	0	7½	17½	45	25	2½	2½	0	100	1956
Percentage	0	8	10	40	34	5	3	0	100	1955

	Below Average.	Average.	Above Average.
1956	... 25%	70%	5%
1955	... 18%	74%	8%
1954	... 30%	64%	6%

The figures for both 1954 and 1955 have been included, in order to show a closer parallel between those of this year and 1954. The majority of the children referred in the lowest intelligence group were largely educational problems (10 specifically referred in 1956 as compared with 4 in 1955), in need of special educational treatment as educationally sub-normal pupils, provision for which has been increased by the expansion of the Central Primary School.

The thanks of the Child Guidance team are again due to Dr. J. Urquhart, his staff and to all the Head Teachers of the Borough for their full and helpful reports on the children seen.

SPEECH THERAPY

This has been an active year for the Speech Therapy Service, as will be seen by the increased number of attendances.

The appointment of Mrs. McMaster, who took up part-time duties after the summer holidays, brought about a very rapid and substantial reduction in the waiting list, to such an extent that Miss Montgomery was able to give up one of the sessions previously spent in Swindon, and devote this time to other parts of the county. During the latter part of the year, therefore, sessions were worked as follows:—

Monday (all day) ...	...	Miss Montgomery
Tuesday morning	...	Mrs. McMaster
Wednesday (all day)	...	Mrs. McMaster
Thursday afternoon	...	Miss Montgomery
Friday morning ...	...	Mrs. McMaster

As far as possible new cases from the Borough of Swindon were taken on by Mrs. McMaster, while Miss Montgomery concentrated on County children from the surrounding districts. Many of the older cases from the Borough were transferred to Mrs. McMaster, but in other cases where a change of therapist was considered undesirable they have continued to attend Miss Montgomery's clinics.

Treatment, as in other years, has been either individual, or in groups of up to 8 children, depending on the needs of each child.

							<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Number of children seen	...	...	...	...	...	...	87	18	105
Number of attendances	...	...	...	...	...	...	865	187	1,052
Number of children discharged	...	...	...	...	...	...	31	6	37
School visits	...	...	...	...	...	...			13
County children seen and/or treated at Swindon during the year									41

In August the clinic was transferred from Eastcott Hill to the Health Centre where a large room and a waiting room were available for the exclusive use of the Speech Therapists. This has proved to be a great improvement on the previous accommodation which was very cramped, particularly for group work, relaxing, rhythmic games etc.

In spite of the fact that there are now 7 Speech Therapy Sessions being held each week, the number of referrals continues to rise as the new housing estates are completed, and there appears to be little doubt that there is sufficient scope for a full-time Speech Therapist working in this area, especially if adequate contact is to be maintained with the school teachers. School visiting is undoubtedly of great value, and unfortunately under the present circumstances this has been very difficult to arrange.

HANDICAPPED PUPILS

1. **Blind Pupils** (that is to say, pupils who have no sight or whose sight is, or is likely to become so defective that they require education by methods not involving the use of sight).

One Swindon blind girl aged 17 years has been attending the Royal School of Industry for the Blind, Westbury-on-Trym, since May, 1945.

One child aged 5 years has been attending The Sunshine Homes for the Blind since February, 1955.

2. **Partially Sighted Pupils** (that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight).

Two boys aged 13 years have been attending the West of England School for Partially Sighted Pupils since September, 1952.

One boy aged 10 years has been at the same place since January, 1953.

One boy aged 8 years has been at the same place since September, 1953.

One boy aged 9 years was admitted to the same place in February, 1956.

One boy aged 11 years is still awaiting admission to a Special School for the partially sighted.

3. **Deaf Pupils** (that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquiring speech or language).

One boy aged 10 years has been attending St. Thomas' School, Basingstoke, since January, 1954 (previously at Donnington Lodge).

One boy aged 8 years has been at Donnington Lodge Nursery School since May, 1953.

One girl aged 15 years has been attending The Royal Institute for the Deaf, Derby, since April, 1947.

One girl aged 14 years has been at the same place since September, 1950.

One girl aged 10 years has been at the same place since September, 1953.

One girl aged 6 years was admitted to the same place in January, 1956.

One girl aged 13 years was admitted to the Royal School for Deaf and Dumb, Margate, in June, 1956 (previously at Nutfield Priory Boarding School).

One boy aged 5 years (Transfer In) is attending Donnington Lodge School for the Deaf at Newbury.

4. **Partially Deaf Pupils** (that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils).

Ten Swindon children are known to have been provided with Hearing Aids.

No partially deaf children have been ascertained as requiring special educational treatment.

5. **Educationally Sub-normal Pupils** (that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools).

During 1956, 31 new cases were examined and were grouped as follows:—

13 were recommended for education in a special day school for educationally sub-normal pupils.

8 were recommended for special educational treatment in an ordinary school.

6 were recommended for a school or hostel for maladjusted pupils.

2 were reported to the Local Health Authority as ineducable.

2 were found to be capable of receiving education in their normal stream.

Nineteen children already classified as educationally sub-normal were re-examined during the year and the following recommendations were made:—

1 was recommended for education at a special day school for educationally sub-normal pupils.

4 to continue to receive special educational treatment in an ordinary school.

1 was recommended for admission to a residential school for educationally sub-normal pupils.

4 to continue to receive education at a special day school for educationally sub-normal pupils.

1 was reported to the Local Health Authority as ineducable.

2 were notified under Section 57 (5) of the Education Act, 1944.

3 were placed under friendly supervision after leaving school.

1 was no longer classified as educationally sub-normal.

2 were referred for child guidance treatment.

At the end of 1956, children assessed as educationally sub-normal were receiving special education as follows:—

Special Day School	...	...	...	...	87
Special Residential School	...	...	...	...	2
Ordinary Schools	...	...	...	...	47

6. **Epileptic Pupils** (that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils).

One boy aged 9 years has been at Lingfield Epileptic Colony since April, 1955.

One boy aged 12 years was admitted to Lingfield Epileptic Colony in August, 1956.

7. **Maladjusted Pupils** (that is to say, pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational re-adjustment).

One boy aged 18 years has been at Finchden Manor, Tenterden, Kent, since April, 1953.

One boy aged 13 years has been at Cam House, Dursley, Gloucester, since November, 1955.

One boy aged 9 years has been at The Mount Special School, Chepstow, since October, 1955.

One boy aged 14 years was admitted to Southfields Hostel, Ilminster, in February, 1956.

One boy aged 11 years was admitted to Bylands School, Basingstoke, in September, 1956.

One boy aged 12 years was admitted to Southfields Hostel, Ilminster, in September, 1956.

Six children were assessed as maladjusted during 1956, three of whom are still awaiting places in a school or hostel for maladjusted pupils. Places at schools or hostels for three children were allocated during the year but the parents refused to consent to the children leaving home.

8. **Physically Handicapped Pupils** (that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools).

One girl aged 16 has been at Dame Hannah Roger School for Physically Handicapped since January, 1950.

One girl aged 9 years was admitted to Burton Hill House School, Malmesbury, in April, 1956.

One boy aged 11 years has been at the Heritage Craft School, Chailey, since January, 1954.

One boy aged 7 years has been at the John Capel Hanbury Hospital School since January, 1954.

Four children were attending at the Swindon Spastic Unit.

Two children were receiving Home Tuition at the end of 1956.

9. **Pupils suffering from Speech Defect** (that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment).

No children have been ascertained as handicapped on account of speech defect.

10. **Delicate Pupils** (that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools).

One boy aged 13 years was admitted to Park Place School, Henley on Thames, in September, 1956.

SPASTIC PARALYSIS

The Spastic Unit continued to function in the Regional Hospital Board's premises at the Physiotherapy Department, Community House, Faringdon Road. At the end of 1956 there were 7 pupils on the roll, 4 being Swindon children and 3 from the surrounding areas. These children mostly attended for the whole day, 5 days a week.

The Ministry has still not granted recognition of this unit as a special school or class but meals and milk are provided for the children by arrangement with the Swindon and District Hospital Management Committee.

The services of the consultant in Physical Medicine, Dr. J. B. Stewart, and his staff are available to the children attending the Unit. The Speech Therapist for the Swindon and District Hospitals attends daily to give treatment to the children. The parents of the children attend voluntarily in rotation to help in the general management of the children.

PHYSICAL WELFARE OF CHILDREN

Milk in Schools Scheme

The results of a survey taken on one day in October, 1956, are as follows (figures in brackets represent a similar survey, taken on one day in October, 1955).

Total number primary children taking milk, 7,072, representing 89.2% of children attending school at the time (6,502, representing 89.32%).

Total number secondary children taking milk, 3,592, representing 76% of children attending school at the time (3,159, representing 73.2%).

Total number Central Primary children taking milk, 57, representing 93.4% of children attending school at the time (60, representing 93.75%).

Number of school departments supplied is 40.

All milk supplies to schools is pasteurised and samples are examined at regular intervals, and any complaints regarding it are reported to the Principal Borough School Medical Officer.

MEALS IN SCHOOLS

I am indebted to the Borough Education Officer for the following details of the numbers of school children having school meals.

	1955	1956
Number of school canteens	30	31
Number of school children taking meals	2,518	3,005
Number of children taking free meals	123	165

SCHOOL DENTAL SERVICES

Mr. J. Hanley was appointed full-time dental surgeon on 6/2/1956, and for a short time there were two full-time and one part-time dental surgeons on the staff. Unfortunately Mr. Yates resigned on 30/6/1956, Mrs. E. M. Clark was appointed on a part-time basis as from 3/9/1956, and Mr. Randerson continued in his part-time capacity throughout the year.

Two evening sessions weekly were held by Mr. Hanley and they were well attended.

The greater part of the time of the dental surgeons is taken up with emergency work and with the present shortage of staff very few periodic inspections can be done.

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR 1956

Number of pupils inspected by the Authority's Dental Officers:—

(a) At Periodic Inspections	813
(b) At Specials	3,211
Total ...	4,024
Number found to require treatment	3,866
Number offered treatment	3,866
Number actually treated	3,014
Number of attendances made by pupils for treatment	6,023
Half-days devoted to: Periodic (School) Inspection	3
Treatment	875
Total ...	878

Fillings: Permanent Teeth	...	...	...	...	...	...	...	...	2,215
Temporary Teeth	...	...	...	...	...	...	...	...	230
Total									2,445
Number of teeth filled: Permanent Teeth	...	...	...	...	...	...	...	...	2,090
Temporary Teeth	...	...	...	...	...	...	...	...	216
Total									2,306
Extractions: Permanent Teeth	...	...	...	...	...	...	...	...	1,308
Temporary Teeth	...	...	...	...	...	...	...	...	3,415
Total									4,723
Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	...	1,909
Other operations: Permanent Teeth	...	...	...	...	...	...	...	...	951
Temporary Teeth	...	...	...	...	...	...	...	...	68
Total									1,019

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 age group against Tuberculosis using B.C.G. vaccine was carried out in 1956.

The parents of all children of this age group were circularised and the nature and the advantages of B.C.G. Vaccination were explained in a leaflet. All schools were visited and through the co-operation of the Head Teachers it was possible for a doctor to give a short talk on the subject of "Tuberculosis and its prevention" to the children concerned.

Permission was obtained for vaccination from the parents of 540 children. As a result of Tuberculin Testing it was found that 125 had already some protection against tuberculosis and vaccination was not therefore necessary. Four hundred and twelve children were vaccinated with B.C.G.

All these children were followed up six weeks later and a further test showed that they were now protected against Tuberculosis.

MEDICAL EXAMINATION OF ENTRANTS TO COURSE OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

In accordance with Ministry of Education Circular 249, candidates applying for admission to training colleges are examined by the School Medical Officers of the areas where they live.

During 1956, 37 examinations of such candidates were carried out by the School Medical Officers in Swindon.

THE CHILDREN ACT, 1948

Boarded-out children attending school in the Borough are examined annually by the School Medical Officers as required by the Act.

During 1956, 21 such examinations were made.

SCHOOL PREMISES

School premises, including school meal kitchens, are inspected by the Medical Officers at the conclusion of routine medical inspections. Any defects noted are reported to the Education Committee.

FOOD POISONING AND DYSENTERY

Dysentery

During the first three months of 1956 nearly 70 cases of dysentery were notified from the Moredon area, many of them in school children.

The actual number of cases was undoubtedly far higher than this as many mild cases were not thought by their parents to be ill enough to require medical attention.

Each case was thoroughly investigated and although the original source of the infection was not traced it was obvious that the disease was being spread in schools through defective personal hygiene.

In the particular schools in which infection was rife, attention was again drawn to the potential danger of roller towels and when these were replaced by paper towels the infection subsided.

There is no doubt that the control of infections such as dysentery in schools depends on the personal hygiene of the pupils, but it is quite futile to expect to achieve any reasonable standard until all schools have their toilets and hand washing facilities immediately adjacent, and the use of communal or roller towels is forbidden.

Food Poisoning

In April, 1956, there was an explosive outbreak of food poisoning at the Commonweal Grammar School. The illness was of a mild nature and short lived. Some 122 children were affected.

Analysis of all the foodstuffs served failed to show any contamination and no source of infection could be found in any of the food handlers or in the kitchen. No infecting agent was isolated from any of the samples taken from those affected, and the outbreak was typical of one caused by a pre-formed toxin, but the source of this toxin was not discovered.

APPENDIX I.

Clinics provided directly by the Education Authority and under arrangements with Regional Hospital Boards

Type of Clinic.	Treatment or Examination provided by Education Committee.	
Child Guidance ...	<p>Trowbridge: County Council Clinic Mondays, 10 a.m. to 5 p.m.</p> <p>Salisbury: St. John Ambulance Brigade Headquarters. Alternate Tuesdays, 10 a.m.—4 p.m.</p>	<p>Swindon: 81 Bath Road Thursday, 10 a.m.—4 p.m.</p>
Dental	<p>Bradford-on-Avon: Lambert Memorial Hall 1st and 3rd Thursday, 2 p.m.</p> <p>Chippenham: The Grammar School, Malmesbury Road. Tuesday, 1.30 p.m.</p> <p>Corsham: County Council Clinic, Fuller Avenue. 1st and 3rd Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Devizes: St. James's Home. 1st and 3rd Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Marlborough: 118 High Street. Friday, 2 p.m. Saturday, 10 a.m.</p> <p>Mere: The Lecture Hall, Salisbury Street. 2nd and 4th Friday, 2 p.m.</p>	<p>Salisbury: The General Infirmary. Monday, a.m. Meyrick Close, Coombe Road. Tuesday and Saturday, 10 a.m.</p> <p>Swindon: County Council Clinic, 15 Milton Road. Saturday, 10 a.m., 1st and 3rd Fri., 2 p.m.</p> <p>Trowbridge: County Council Clinic, The Halve. 1st and 3rd Wednesday, 2 p.m. Saturday, 10 a.m.</p> <p>Warminster: Congregational Lecture Hall, The Close. Friday, 9.30 a.m. Saturday, 10 a.m.</p> <p>West Lavington: West Lavington School. 1st and 3rd Friday, 2 p.m.</p>
Minor Ailments ...	<p>Salisbury General Infirmary. Monday, Thursday and Friday, 9 a.m.—10 a.m. Wednesday morning from 9 a.m. Monday to Friday by appointment after 4 p.m.</p>	<p>Trowbridge: County Council Clinic, The Halve. Tuesday, 10 a.m.</p>
Speech Therapy ...	<p>Amesbury: St. John Ambulance Brigade Headquarters. Friday, 1.30 p.m. Chippenham: Co-op. Hall, Foghamshire Lane. Wednesday, 9.30 a.m.—1.30 p.m.</p> <p>Corsham: Fuller Avenue. Monday, 9.30 a.m.</p> <p>Devizes: Community Centre. Wednesday, 9.30 a.m.</p> <p>Malmesbury: Secondary Modern School. Tuesday, 1.30 p.m.</p> <p>Marlborough: Congregational Church Rooms. Thursday, 9.30 a.m.</p>	<p>Melksham: Old Bank House. Monday, 1.30 p.m.</p> <p>Mere: Lecture Hall. Friday, 1.30 p.m.</p> <p>Salisbury: St. John Hall, 72 Fisherton Street. Tuesday, 9.30 a.m.; 1.30 p.m. Friday, 10 a.m.</p> <p>Trowbridge: County Council Clinic, The Halve Thursday, 1.30 p.m.</p> <p>Warminster: George Street. Friday, 9.30 a.m.</p>

Type of Clinic.	Treatment or Examination provided by arrangements with Regional Hospital Boards.	
Heart	Corsham: County Council Clinic, Fuller Avenue. Arranged as necessary on a Friday, 2.30 p.m.	Swindon: Victoria Hospital. Arranged as necessary on a Monday, at 2.30 p.m.
	Salisbury General Infirmary. Arranged as necessary on a Wednesday, 2 p.m.	Trowbridge: County Council Clinic, The Halve. 4th Monday in month, 2.30 p.m.
	Savernake Hospital. Arranged as necessary on a Monday, 2 p.m.	
Ophthalmic	Chippenham and District Hospital. Tuesday, 10 a.m.	Salisbury General Infirmary. Tuesday, 1.15 p.m. Wednesday, 2.15 p.m.
	Corsham: County Council Clinic, Fuller Avenue. Monday, 10.30 a.m. and 1 p.m.	Swindon: Ophthalmic Dept., Community House, Faringdon Road. Friday, 9.30 a.m.
	Devizes and District Hospital. Monday, 2 p.m.	Trowbridge: County Council Clinic, The Halve. Monday, 10.30 a.m. and 1 p.m.
	Malmesbury and District Hospital. 1st and 3rd Fridays in the month, 3 p.m.	Warminster: Methodist Schoolroom, George Street. 2nd, 4th, and 5th Friday in month, 2.30 p.m.
	Marlborough Children's Convalescent Hospital Tuesday (1st and 3rd in month), 2.30 p.m.	
Orthopaedic	Calne: The Surgery, 1 London Road. Surgeon attends 3rd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Malmesbury and District Hospital. Surgeon attends 1st Thursday in month, 10.30 a.m. Sister attends 1st and 3rd Thursday, 2.30 p.m.
	Chippenham: Parish Church Rooms. Corsham: County Council Clinic, Fuller Avenue.	Salisbury General Infirmary. Surgeon attends each Wednesday (morning and afternoon).
	These two clinics are run in conjunction with each other. Surgeon attends at one or other on 2nd Wednesday in month. Sister attends at each Clinic every Wednesday.	Swindon: Casualty Department, G.W.R. Hospital, Taunton Street. (In place of St. Margaret's Hospital, Stratton St. Margaret). Surgeon attends 1st and 3rd Tuesday, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.
	Devizes: Scouts' Hall. Surgeon attends 3rd Thursday in month, 10.15 a.m. Sister attends 2nd and 4th Thursday, 10.15 a.m.	Trowbridge: County Council Clinic, The Halve. Surgeon attends 4th Friday in month, 10.30 a.m. Sister attends every Friday, 10.30 a.m.
		Warminster: District Hospital. Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters.

Type of Clinic.	Treatment or Examination provided by arrangements with Regional Hospital Boards.	
Ear, Nose and Throat	Chippenham and District Hospital. Thursday, 3.15 p.m.	Salisbury General Infirmary. Tuesday, 9.30 a.m. Wednesday, 10 a.m.
	Corsham: County Council Clinic, Fuller Avenue. 2nd and 4th Saturdays in month, 9.30 a.m.	Savernake Hospital. 2nd 3rd, and 4th Fridays, 4.00 p.m.
	Devizes and District Hospital. 2nd & 4th Wednesday in month, 10.45 a.m.	Swindon Victoria Hospital. Wednesday, 2.30 p.m.
	Malmesbury and District Hospital. 2nd Thursday, 9.30 a.m.	Trowbridge: Trowbridge and District Hospital. 1st, 3rd and 5th Monday in month, at 9.30 a.m.
	Melksham and District Hospital. 1st Wednesday in month, 3.15 p.m.	4th Thursday in month at 9.30 a.m.

N.B.—Children for examination at these Clinics should be referred through the Principal School Medical Officer. Eye clinics and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular, fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

APPENDIX II.
HANDICAPPED PUPILS.

Category.	Ascertained during 1956.								Admitted to special schools during 1956.	Parents refused consent.	No. in special schools on 31/1/57.	No. in units for Spastics on 31/1/57.	No. awaiting admission to special schools on 31/1/57.	Type of education, if any, while awaiting admission to special schools.											
	Recommended.													In ordinary school.	Home Tuition.	No Schooling.	Under school age.								
	Admission to special school.		Special class in ordinary school.		Home Tuition.		Exclusion from school as ineducable.																		
	M	F	M	F	M	F	M	F																	
Blind									1			7	4												
Partially sighted	2	1							1	1			8	2		2	1	2	1						
Deaf													13	2			1		1						
Partially deaf	1								1	2			3	3		1		1							
Educationally subnormal	53	40	29	15			7	9	13	5			76	13		173	71	172	71	1					
Epileptic	1								3		1		4			1		1							
Maladjusted	8	2							4	2															
Physically handicapped ...	2	1			3				3	1	1		17	10	7	4	3		2		1				
Delicate	12	7			1	1			8	5	1	2	5	7		6	2	5	2	1					
Speech														1											
	79	51	29	15	4	1	7	9	33	17	3	2	133	42	7	4	186	75	183	75	3				

24 children—18 boys and 6 girls—who had previously been ascertained as educationally subnormal and recommended for special educational treatment in ordinary schools were examined during the year and reported to the Health Authority under the provisions of Section 57 (5) of the Education Act as needing supervision after leaving school.

